Missouri

UNIFORM APPLICATION
FFY 2005

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 08/26/2004 - Expires 08/31/2007

(generated on 9-10-2004 9.33.12 AM)

Center for Substance Abuse Treatment
Division of State and Community Assistance

Introduction:

The SAPT Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0080.

Form 1

State: Missouri
DUNS Number: 780871430

Uniform Application for FY 2005 Substance Abuse Prevention and Treatment Block Grant

I. STATE AGENCY TO BE THE GRANTEE FOR THE BLOCK GRANT

Agency Name: Missouri Department of Mental Health

Organizational Unit: Division of Alcohol and Drug Abuse

Mailing Address: 1706 E Elm Street PO Box 687

City: Jefferson City Zip: 65102-0687

II. CONTACT PERSON FOR THE GRANTEE FOR THE BLOCK GRANT

Name: Michael Couty

Agency Name: Missouri Department of Mental Health Div of Alcohol and Drug Abuse

Mailing Address: 1706 E Elm Street PO Box 687

City: Jefferson City Zip Code: 65102-0687

Telephone: (573) 751-9499 FAX: (573) 751-7814

III. STATE EXPENDITURE PERIOD

From: 7/1/2002 To: 6/30/2003

IV. DATE SUBMITTED

Date: 9/10/2004 ☒ Original ☐ Revision

V. CONTACT PERSON RESPONSIBLE FOR APPLICATION SUBMISSION

Name: Michael Couty Telephone: (573) 751-9499

Form 2 (Table of Contents)

State:
Missouri

UNIFORM APPLICATION FOR FY 2005 SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT
Funding Agreements/Certifications
as Required by the Public Health Service (PHS) Act

The PHS Act, as amended, requires the chief executive officer (or an authorized designee) of the applicant organization to certify that the State will comply with the following specific citations as summarized and set forth below, and with any regulations or guidelines issued in conjunction with this Subpart except as exempt by statute.

We will accept a signature on this form as certification of agreement to comply with the cited provisions of the PHS Act. If signed by a designee, a copy of the designation must be attached.

I. Formula Grants to States, Section 1921

Grant funds will be expended "only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities" as authorized.

II. Certain Allocations, Section 1922

- **Allocations Regarding Primary Prevention Programs, Section 1922(a)**
- **Allocations Regarding Women, Section 1922(b)**

III. Intravenous Drug Abuse, Section 1923

- **Capacity of Treatment Programs, Section 1923(a)**
- **Outreach Regarding Intravenous Substance Abuse, Section 1923(b)**

IV. Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, Section 1924

V. Group Homes for Recovering Substance Abusers, Section 1925
Optional from FY 2001 & subsequent fiscal years. Territories as described in Section 1925(c) are exempt.

The State "has established, and is providing for the ongoing operation of a revolving fund" in accordance with Section 1925 of the PHS Act, as amended. This requirement is now optional.

VI. State Law Regarding Sale of Tobacco Products to Individuals Under Age of 18, Section 1926:

- **The State has a law in effect making it illegal to sell or distribute tobacco products to minors as provided in Section 1926 (a)(1).**
- **The State will enforce such law in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18 as provided in Section 1926 (b)(1).**
- **The State will conduct annual, random unannounced inspections as prescribed in Section 1926 (b)(2).**

VII. Treatment Services for Pregnant Women, Section 1927

The State "…will ensure that each pregnant woman in the State who seeks or is referred for and would benefit from such services is given preference in admission to treatment facilities receiving funds pursuant to the grant."

VIII. Additional Agreements, Section 1928

- **Improvement of Process for Appropriate Referrals for Treatment, Section 1928(a)**
- **Continuing Education, Section 1928(b)**
- **Coordination of Various Activities and Services, Section 1928(c)**
- **Waiver of Requirement, Section 1928(d)**

IX.	**Submission to Secretary of Statewide Assessment of Needs, Section 1929**
X.	**Maintenance of Effort Regarding State Expenditures, Section 1930**
	With respect to the principal agency of a State, the State "will maintain aggregate State expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant."
XI.	**Restrictions on Expenditure of Grant, Section 1931**
XII.	**Application for Grant; Approval of State Plan, Section 1932**
XIII.	**Opportunity for Public Comment on State Plans, Section 1941**
	The plan required under Section 1932 will be made "public in such a manner as to facilitate comment from any person (including any Federal person or any other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary.
XIV.	**Requirement of Reports and Audits by States, Section 1942**
XV.	**Additional Requirements, Section 1943**
XVI.	**Prohibitions Regarding Receipt of Funds, Section 1946**
XVII.	**Nondiscrimination, Section 1947**
XVIII.	**Services Provided By Nongovernmental Organizations, Section 1955**
	I hereby certify that the State or Territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act, as amended, as summarized above, except for those Sections in the Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.
State:	
Name of Chief Executive Officer or Designee:	
Signature of CEO or Designee:	
Title:	**Date Signed:**
If signed by a designee, a copy of the designation must be attached	

ASSURANCES – NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L.88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

Standard Form 424B (Rev. 7-97)
Prescribed by OMB Circular A-102

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, In eligibility, and Voluntary Exclusion – Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dis-pensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about –
(1) The dangers of drug abuse in the workplace;
(2) The grantee's policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will –
(1) Abide by the terms of the statement; and
(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted –

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities, "in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE

APPLICANT ORGANIZATION	DATE SUBMITTED

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:

☐ a. contract
b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

2. Status of Federal Action

☐ a. bid/offer/application
b. initial award
c. post-award

3. Report Type:

☐ a. initial filing
b. material change

For Material Change Only:

Year _____ Quarter _____

date of last report

4. Name and Address of Reporting Entity:

☐ Prime ☐ Subawardee

Tier _____ , if known: _____

Congressional District, *if known:* _____

5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:

Congressional District, *if known:* _____

6. Federal Department/Agency:

7. Federal Program Name/Description:

CFDA Number, *if applicable:* _____

8. Federal Action Number, if known:

9. Award Amount, if known:

$

10. a. Name and Address of Lobbying Entity
(if individual, last name, first name, MI):

b. Individuals Performing Services *(including address if different from No. 10a.) (last name, first name, MI):*

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: _____

Print Name: _____

Title: _____

Telephone No.: _____ **Date:** _____

Federal Use Only:

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Standard Form - LLL (Rev. 7-97)

Approved by OMB No. 0348-0046

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

Reporting Entity: **Page** **of**

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Standard Form – LLL-A

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks “subawardee”, then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 [e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency]. Include prefixes, e.g., ‘‘RFP-DE-90-001.’’

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

State:
Missouri

How allotments were used:

Enter the amount of the FY 2002 SAPT Block Grant that appears on line 8 of the Notice of Block Grant Award

$26,134,320

State:
Missouri

Attachment A: Prevention

Answer the following questions about the current year status of policies, procedures, and legislation in your State. Most of the questions are related to Healthy People 2010 objectives. References to these objectives are provided for each application question. To respond, check the appropriate box or enter numbers on the blanks provided. After you have completed your answers, copy the attachment and submit it with your application.

1. Does your State conduct sobriety checkpoints on major and minor thoroughfares on a periodic basis? (HP 26-25)

☒ Yes ☐ No ☐ Unknown

2. Does your State conduct or fund prevention/education activities aimed at preschool children? (HP 26-9)

☐ Yes ☒ No ☐ Unknown

3. Does your State alcohol and drug agency conduct or fund prevention/education activities in every school district aimed at youth grades K-12? (HP 26-9)

SAPT BLOCK GRANT	OTHER STATE FUNDS	DRUG FREE SCHOOLS
☐ Yes	☐ Yes	☐ Yes
☒ No	☒ No	☒ No
☐ Unknown	☐ Unknown	☐ Unknown

4. Does your State have laws making it illegal to consume alcoholic beverages on the campuses of State colleges and universities? (HP 26-11)

☐ Yes ☒ No ☐ Unknown

5. Does your State conduct prevention/education activities aimed at college students that include: (HP 26-11c)

Education Bureau?	☒ Yes	☐ No	☐ Unknown
Dissemination of materials?	☒ Yes	☐ No	☐ Unknown
Media campaigns?	☒ Yes	☐ No	☐ Unknown
Product pricing strategies?	☒ Yes	☐ No	☐ Unknown
Policy to limit access?	☒ Yes	☐ No	☐ Unknown

6. Does your State now have laws that suspend or revoke administrative drivers' licenses for those determined to have been driving under the influence of intoxicants? (HP 26-24)

☒ Yes ☐ No ☐ Unknown

7. Has the State enacted and enforced new policies in the last year to reduce access to alcoholic beverages by minors such as: (HP 26-11c, 12, 23)

Restrictions at recreational and entertainment events at which youth made up a majority of participants/consumers,

☐ Yes ☒ No ☐ Unknown

New product pricing,

☐ Yes ☒ No ☐ Unknown

New taxes on alcoholic beverages,

☐ Yes ☒ No ☐ Unknown

New Laws or enforcement of penalties and license revocation for sale of alcoholic beverages to minors,

☐ Yes ☒ No ☐ Unknown

Parental responsibility laws for a child's possession and use of alcoholic beverages.

☐ Yes ☒ No ☐ Unknown

8. Does your State provide training and assistance activities for parents regarding alcohol, tobacco, and other drug use by minors?

☒ Yes ☐ No ☐ Unknown

9. What is the average age of first use for the following? (HP 26-9 and 27-4) (if available)

	Age 0 - 5	Age 6 - 11	Age 12 - 14	Age 15 - 18
Cigarettes	☐	☐	☒	☐
Alcohol	☐	☐	☒	☐
Marijuana	☐	☐	☒	☐

10. What is your State's present legal alcohol concentration tolerance level for: (HP 26-25)

Motor vehicle drivers age 21 and older? .08

Motor vehicle drivers under age 21? .02

11. How many communities in your State have comprehensive, community-wide coalitions for alcohol and other durg abuse prevention (HP 26-3)? 138

12. Has your State enacted statutes to restrict promotion of alcoholic beverages and tobacco that are focused principally on young audiences (HP 26-11 and 26-16)?

☐ Yes ☒ No ☐ Unknown

State:
Missouri

Attachment J

If your State plans to apply for any of the following waivers, check the appropriate box and submit the request for a waiver at the earliest possible date.

- ☐ To expend not less than an amount equal to the amount expended by the State for FY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children (See 42 U.S.C. 300x-22(b)(2) and 45 C.F.R. 96.124(d))

- ☐ Rural area early intervention services HIV requirements (See 42 U.S.C. 300x-24(b)(5)(B) and 45 C.F.R. 96.128(d))

- ☐ Improvement of process for appropriate referrals for treatment, continuing education, or coordination of various activities and services (See 42 U.S.C. 300x-28(d) and 45 C.F.R. 96.132(d))

- ☐ Statewide maintenance of effort (MOE) expenditure levels (See 42 U.S.C. 300x-30(c) and 45 C.F.R. 96.134(b))

- ☐ Construction/rehabilitation (See 42 U.S.C. 300x-31(c) and 45 C.F.R. 96.135(d))

If your State proposes to request a waiver at this time for one or more of the above provisions, include the waiver request as Attachment J to the application. The Interim Final Rule, 45 C.F.R. 96.124(d), 96.128(d), 96.132(d), 96.134(b), and 96.135(d), contains information regarding the criteria for each waiver, respectively.

State:
Missouri

Attachment I

Under Charitable Choice, States, local governments, and religious organizations, each as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide notice of their right to alternative services to all potential and actual program beneficiaries (services recipients); (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term “alternative services” means services determined by the State to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider (“alternative provider”) to which the program beneficiary (“services recipient”) has no religious objection.

The purpose of Attachment I is to document how your State is complying with these provisions.

Attachment I - Charitable Choice

For the fiscal year prior (FY 2004) to the fiscal year for which the State is applying for funds provide a description of the State’s procedures and activities undertaken to comply with the provisions.

Notice to Program Beneficiaries - Check all that apply:

- ☒ Use model notice provided in final regulations.
- ☐ Use notice developed by State (attached copy).
- ☒ State has disseminated notice to religious organizations that are providers.
- ☒ State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- ☐ State has developed specific referral system for this requirement.
- ☒ State has incorporated this requirement into existing referral system(s).
- ☒ SAMHSA’s Treatment Facility Locator is used to help identify providers.
- ☒ Other networks and information systems are used to help identify providers.
- ☒ State maintains record of referrals made by religious organizations that are providers.
- ☐ Enter total number of referrals necessitated by religious objection to other substance abuse providers ('alternative providers'), as define above, made in previous fiscal year. Provide total ONLY; no information on specific referrals required.

NOTE: States have the option to postpone specific reporting on referrals until the submission of the FY 2006 uniform application (October 1, 2005).

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

The Access to Recovery Grant will allow Missouri to conduct extensive training and outreach for faith-based providers. We plan to also provide training to traditional providers on the use of faith-based providers of recovery supports.

Form 4

SUBSTANCE ABUSE STATE AGENCY SPENDING REPORT

State:
Missouri

Dates of State Expenditure Period:
From 7/1/2002 to 6/30/2003

Activity	A. SAPT Block Grant FY 2002 Award (Spent)	B. Medicaid (Federal, State and Local)	C. Other Federal Funds (e.g., Medicare, other public welfare)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other
1. Substance abuse treatment and rehabilitation	$19706989	$19578682	$546052	$24934331	$0	$0
2. Primary Prevention	$5226864		$2219653	$909634	$0	$0
3. Tuberculosis Services	$35100	$51353	$0	$40193	$0	$0
4. HIV Early Intervention Services	$0	$98621	$0	$1237137	$0	$0
5. Administration (excluding program/provider level)	$1165367		$577201	$1591250	$0	$0
6. Column Total	$26,134,320	$19,728,656	$3,342,906	$28,712,545	$	$

Form 4a

Primary Prevention Expenditures Checklist

State:
Missouri

	Block Grant FFY 2002	Other Federal	State	Local	Other
Information Dissemination	**$617757**	**$219147**	**$5717**	**$0**	**$0**
Education	**$1605006**	**$744937**	**$381914**	**$0**	**$0**
Alternatives	**$743559**	**$112547**	**$1440**	**$0**	**$0**
Problem Identification & Referral	**$55729**	**$37547**	**$911**	**$0**	**$0**
Community-Based Process	**$704650**	**$550618**	**$142579**	**$0**	**$0**
Environmental	**$447218**	**$376513**	**$5632**	**$0**	**$0**
Other	**$552549**	**$140798**	**$57063**	**$0**	**$0**
Section 1926 - Tobacco	**$500396**	**$37546**	**$314378**	**$0**	**$0**
TOTAL	**$5,226,864**	**$2,219,653**	**$909,634**	**$**	**$**

Form 4a Footnotes
Sources:
Other Federal -
1) US Department of Education, Safe & Drug Free Schools & Communities.
2) US Department of Justice, Enforcing Underage Drinking Laws Program Block Grant.
3) SAMHSA - Prevention Demand & Needs Assessment contract.

Other State -
1) General Revenue
2) Healthy Family Trust (tobacco settlement funds).

Form 4b

Expenditures on Resource Development

State:
Missouri

Did the State fund resource development activities from the FY 2002 block grant?

☒ Yes ☐ No

	Treatment	Prevention	Total
Planning, Coordination and Needs Assessment	**$0**	**$282446**	**$282446**
Quality Assurance	**$0**	**$2161**	**$2161**
Training (post-employment)	**$9390**	**$0**	**$9390**
Education (pre-employment)	**$0**	**$70698**	**$70698**
Program Development	**$29897**	**$142116**	**$172013**
Research and Evaluation	**$50000**	**$145076**	**$195076**
Information Systems	**$0**	**$0**	**$0**
TOTAL	**$89,287**	**$642,497**	**$731,784**

Expenditures on Resource Development Activities are:

☒ **Actual** ☐ **Estimated**

Form 4b Footnotes
Expenditures on resource development activities are ACTUAL.

Form 6

SUBSTANCE ABUSE ENTITY INVENTORY

State:
Missouri

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2002	5. State Funds	6. SAPT Block Grand Funds for Substance Abuse Prevention and Treatment Services	7. SAPT Block Grant Funds for Primary Prevention	8. Early Intervention Services for HIV (if applicable)	9. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children
001	MO900305	Central Region	$	$829,613	$	$	$	$
008	X	Statewide (optional)	$763,422	$208,678	$763,422	$546,639	$	$
009	MO901642	Eastern Region	$	$439,792	$	$	$	$
038	MO750502	Southeast Region	$367,101	$369,319	$367,101	$	$	$
039	MO903879	Southwest Region	$347,796	$328,812	$347,796	$2,854	$	$344,942
043	MO100948	Southwest Region	$354,953	$171,519	$354,953	$122,708	$	$
087	MO903127	Northwest Region	$529,791	$516,546	$529,791	$150,974	$	$
152	X	Eastern Region	$402,320	$173,844	$402,320	$402,320	$	$
171	X	Northwest Region	$287,328	$52,134	$287,328	$287,328	$	$
174	MO103967	Eastern Region	$73,690	$21,697	$73,690	$	$	$
175	MO903515	Southwest Region	$57,103	$35,901	$57,103	$	$	$
183	MO100716	Northwest Region	$325,317	$160,120	$325,317	$	$	$
185	X	Northwest Region	$90,048	$9,099	$90,048	$90,048	$	$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2002	5. State Funds	6. SAPT Block Grand Funds for Substance Abuse Prevention and Treatment Services	7. SAPT Block Grant Funds for Primary Prevention	8. Early Intervention Services for HIV(if applicable)	9. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children
189	MO100591	Eastern Region	$538,783	$460,496	$538,783	$	$	$538,783
195	MO101151	Southwest Region	$1,447	$7,369	$1,447	$	$	$
207	MO101482	Southwest Region	$10,558	$76,915	$10,558	$	$	$
208	X	Eastern Region	$	$221,954	$	$	$	$
209	MO101508	Southwest Region	$4,500	$117,535	$4,500	$	$	$
211	X	Central Region	$5,784	$84,870	$5,784	$	$	$
216	X	Northwest Region	$	$20,525	$	$	$	$
217	X	Northwest Region	$5,314	$52,744	$5,314	$	$	$
218	MO101714	Northwest Region	$8,261	$76,581	$8,261	$	$	$
219	X	Northwest Region	$	$6,305	$	$	$	$
226	X	Northwest Region	$	$46,132	$	$	$	$
227	X	Eastern Region	$	$23,046	$	$	$	$
231	X	Central Region	$920	$79,656	$920	$	$	$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2002	5. State Funds	6. SAPT Block Grand Funds for Substance Abuse Prevention and Treatment Services	7. SAPT Block Grant Funds for Primary Prevention	8. Early Intervention Services for HIV(if applicable)	9. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children
238	X	Eastern Region	$	$59,124	$	$	$	$
239	MO101987	Eastern Region	$3,703	$49,905	$3,703	$	$	$
247	X	Eastern Region	$2,297	$	$2,297	$	$	$
252	X	Southeast Region	$	$98,193	$	$	$	$
264	X	Southwest Region	$3,331	$27,356	$3,331	$	$	$
267	X	Statewide (optional)	$861,518	$	$861,518	$818,307	$	$
269	MO105087	Eastern Region	$287,169	$273,164	$287,169	$	$	$
274	MO105731	Southwest Region	$	$21,082	$	$	$	$
045a	MO902673	Northwest Region	$12,593	$10,587	$12,593	$	$	$
045b	MO902608	Northwest Region	$14,046	$11,809	$14,046	$	$	$
045c	MO105244	Northwest Region	$191,319	$160,841	$191,319	$	$	$
045d	MO102142	Northwest Region	$129,806	$109,127	$129,806	$	$	$
049a	MO103272	Northwest Region	$39,623	$29,413	$39,623	$2,403	$	$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2002	5. State Funds	6. SAPT Block Grand Funds for Substance Abuse Prevention and Treatment Services	7. SAPT Block Grant Funds for Primary Prevention	8. Early Intervention Services for HIV(if applicable)	9. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children
049b	MO103207	Central Region	$194,151	$144,123	$194,151	$11,772	$	$
049c	MO100404	Southeast Region	$70,660	$52,453	$70,660	$4,285	$	$
049d	MO106218	Southeast Region	$94,434	$70,101	$94,434	$5,726	$	$
049e	MO103801	Southwest Region	$46,226	$34,315	$46,226	$2,803	$	$
056a	MO105640	Southeast Region	$22,670	$33,029	$22,670	$3,264	$	$
056b	MO101128	Southeast Region	$316,630	$483,820	$316,630	$	$	$316,630
056c	MO101227	Southeast Region	$91,294	$133,007	$91,294	$13,145	$	$
057a	MO100872	Northwest Region	$	$724,609	$	$	$	$
057b	MO106010	Northwest Region	$44,506	$111,419	$44,506	$	$	$
057c	MO101094	Northwest Region	$432,322	$346,055	$432,322	$	$	$432,322
061a	MO103694	Central Region	$33,694	$36,477	$33,694	$	$	$
061b	MO106671	Central Region	$66,787	$72,302	$66,787	$	$	$
061c	MO106101	Central Region	$43,923	$47,550	$43,923	$	$	$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2002	5. State Funds	6. SAPT Block Grand Funds for Substance Abuse Prevention and Treatment Services	7. SAPT Block Grant Funds for Primary Prevention	8. Early Intervention Services for HIV(if applicable)	9. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children
062a	MO105293	Central Region	$7,124	$7,134	$7,124	$2,789	$	$
062b	MO750056	Central Region	$14,247	$14,268	$14,247	$5,578	$	$
062c	MO902269	Central Region	$357,513	$413,595	$357,513	$	$	$357,513
067a	MO900081	Eastern Region	$186,431	$232,559	$186,431	$	$	$
067b	MO301603	Eastern Region	$65,021	$81,109	$65,021	$	$	$
067c	MO100765	Eastern Region	$328,555	$409,849	$328,555	$	$	$
074a	MO103330	Northwest Region	$5,720	$13,911	$5,720	$	$	$
074b	MO103348	Southwest Region	$3,373	$8,204	$3,373	$	$	$
089a	MO101417	Eastern Region	$87,737	$29,023	$87,737	$	$	$
089b	MO750403	Eastern Region	$371,550	$237,416	$371,550	$	$	$
090a	MO101458	Eastern Region	$218,740	$362,828	$218,740	$	$	$
090b	MO102803	Eastern Region	$15,449	$25,625	$15,449	$	$	$
090c	MO101136	Eastern Region	$433,866	$526,999	$433,866	$	$	$433,866

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2002	5. State Funds	6. SAPT Block Grand Funds for Substance Abuse Prevention and Treatment Services	7. SAPT Block Grant Funds for Primary Prevention	8. Early Intervention Services for HIV(if applicable)	9. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children
090d	MO106069	Eastern Region	$136,932	$227,131	$136,932	$	$	$
090e	MO100381	Eastern Region	$74,084	$122,884	$74,084	$	$	$
153a	MO106606	Central Region	$20,566	$20,095	$20,566	$6,867	$	$
153b	MO105723	Central Region	$142,939	$85,321	$142,939	$	$	$
153c	MO000024	Eastern Region	$601,511	$849,399	$601,511	$	$	$
153d	MO105715	Eastern Region	$299,796	$304,115	$299,796	$	$	$
153e	MO105046	Central Region	$102,120	$99,779	$102,120	$34,099	$	$
154a	MO100526	Northwest Region	$193,912	$186,236	$193,912	$	$	$
154b	MO301785	Northwest Region	$441,732	$424,248	$441,732	$	$	$
158a	MO902319	Southeast Region	$219,041	$258,186	$219,041	$18,141	$	$
158b	MO105095	Southeast Region	$2,095	$2,469	$2,095	$174	$	$
158c	MO102571	Southeast Region	$37,709	$44,449	$37,709	$3,123	$	$
188a	MO102019	Northwest Region	$444,896	$319,600	$444,896	$	$	$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2002	5. State Funds	6. SAPT Block Grand Funds for Substance Abuse Prevention and Treatment Services	7. SAPT Block Grant Funds for Primary Prevention	8. Early Intervention Services for HIV(if applicable)	9. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children
188b	MO100922	Southwest Region	$210,927	$340,276	$210,927	$	$	$
249a	MO105459	Eastern Region	$	$1,873	$	$	$	$
249b	MO102035	Eastern Region	$	$458,795	$	$	$	$
262a	MO102951	Eastern Region	$60,721	$226,380	$60,721	$	$	$
262b	MO102928	Eastern Region	$237,022	$883,663	$237,022	$	$	$
021	MO102084	Northwest Region	$841,596	$348,160	$841,596	$	$	$
037	MO750593	Southwest Region	$388,351	$305,750	$388,351	$60,020	$	$
048	X	Southwest Region	$	$37,221	$	$	$	$
049f	MO901527	Southwest Region	$449,056	$333,346	$449,056	$27,229	$	$
049g	MO103918	Southwest Region	$35,000	$25,981	$35,000	$2,122	$	$
049h	MO106309	Southwest Region	$58,113	$43,139	$58,113	$3,524	$	$
049i	MO106242	Southwest Region	$67,358	$50,002	$67,358	$4,084	$	$
049j	MO103231	Northwest Region	$47,547	$35,295	$47,547	$2,883	$	$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2002	5. State Funds	6. SAPT Block Grand Funds for Substance Abuse Prevention and Treatment Services	7. SAPT Block Grant Funds for Primary Prevention	8. Early Intervention Services for HIV(if applicable)	9. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children
049k	MO100321	Central Region	$19,151	$14,216	$19,151	$1,161	$	$
049l	MO103215	Northwest Region	$83,207	$61,767	$83,207	$5,045	$	$
049m	MO105814	Central Region	$15,189	$11,275	$15,189	$921	$	$
049n	MO901543	Northwest Region	$89,811	$66,669	$89,811	$5,446	$	$
049o	MO103280	Northwest Region	$195,471	$145,103	$195,471	$11,852	$	$
049p	MO103124	Northwest Region	$47,547	$35,295	$47,547	$2,883	$	$
049q	MO105798	Central Region	$32,358	$24,019	$32,358	$1,962	$	$
049r	MO103298	Central Region	$37,641	$27,942	$37,641	$2,282	$	$
052a	MO101193	Southwest Region	$22,447	$29,983	$22,447	$129	$	$
052b	MO901501	Southwest Region	$354,422	$473,409	$354,422	$2,040	$	$
052c	MO103389	Southwest Region	$20,478	$27,353	$20,478	$118	$	$
052d	MO000001	Southwest Region	$20,872	$27,879	$20,872	$120	$	$
053a	MO102159	Central Region	$279,820	$344,466	$279,820	$	$	$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2002	5. State Funds	6. SAPT Block Grand Funds for Substance Abuse Prevention and Treatment Services	7. SAPT Block Grant Funds for Primary Prevention	8. Early Intervention Services for HIV(if applicable)	9. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children
053b	MO750064	Central Region	$139,910	$172,233	$139,910	$	$	$
055a	MO104593	Southeast Region	$140,841	$125,730	$140,841	$	$	$
055b	MO103785	Southeast Region	$51,469	$45,947	$51,469	$	$	$
055c	MO903911	Southeast Region	$264,925	$236,501	$264,925	$	$	$
056d	MO903598	Southeast Region	$9,803	$14,283	$9,803	$1,412	$	$
056e	MO000041	Southeast Region	$57,595	$83,911	$57,595	$8,293	$	$
056f	MO301793	Southeast Region	$487,720	$710,562	$487,720	$70,226	$	$
058a	MO106002	Northwest Region	$11,554	$10,952	$11,554	$	$	$
058b	MO100914	Northwest Region	$43,329	$41,072	$43,329	$	$	$
058c	MO100518	Northwest Region	$214,910	$203,716	$214,910	$	$	$
058d	MO301678	Northwest Region	$616,999	$584,863	$616,999	$	$	$302,777
061d	MO101011	Central Region	$345,968	$374,537	$345,968	$	$	$
061e	MO106093	Central Region	$16,245	$17,587	$16,245	$	$	$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2002	5. State Funds	6. SAPT Block Grand Funds for Substance Abuse Prevention and Treatment Services	7. SAPT Block Grant Funds for Primary Prevention	8. Early Intervention Services for HIV(if applicable)	9. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children
061f	MO750098	Central Region	$604,090	$653,974	$604,090	$	$	$426,879
062d	MO105475	Central Region	$25,755	$25,791	$25,755	$10,084	$	$
062e	MO100179	Central Region	$225,763	$226,087	$225,763	$88,394	$	$
062f	MO100187	Central Region	$229,051	$229,380	$229,051	$89,681	$	$
074c	O100930	Southwest Region	$9,900	$24,076	$9,900	$	$	$
082a	MO100503	Eastern Region	$28,190	$35,362	$28,190	$	$	$
082b	MO103009	Eastern Region	$121,779	$152,763	$121,779	$	$	$
082c	MO102209	Eastern Region	$121,215	$152,054	$121,215	$	$	$
082d	MO901592	Eastern Region	$457,236	$573,567	$457,236	$	$	$
153f	MO105780	Central Region	$73,044	$71,369	$73,044	$24,390	$	$
153g	MO100567	Eastern Region	$38,692	$44,356	$38,692	$	$	$
153h	MO101797	Central Region	$14,183	$13,858	$14,183	$4,736	$	$
153i	MO101169	Central Region	$482,943	$471,872	$482,943	$161,260	$	$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2002	5. State Funds	6. SAPT Block Grand Funds for Substance Abuse Prevention and Treatment Services	7. SAPT Block Grant Funds for Primary Prevention	8. Early Intervention Services for HIV(if applicable)	9. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children
153j	MO105210	Northwest Region	$87,937	$85,921	$87,937	$29,363	$	$
153k	MO103892	Northwest Region	$41,132	$40,189	$41,132	$13,734	$	$
153l	MO103900	Northwest Region	$299,789	$444,945	$299,789	$	$	$
153m	MO000025	Northwest Region	$56,385	$175,039	$56,385	$	$	$
153n	MO101177	Northwest Region	$76,590	$74,834	$76,590	$25,574	$	$
153o	MO103942	Central Region	$32,622	$31,874	$32,622	$10,893	$	$
154c	MO101441	Northwest Region	$285,637	$274,332	$285,637	$	$	$
156a	MO100264	Southwest Region	$6,898	$8,326	$6,898	$326	$	$6,572
156b	MO101029	Southwest Region	$242,585	$292,783	$242,585	$11,471	$	$231,115
156c	MO105137	Southwest Region	$3,449	$4,163	$3,449	$163	$	$3,286
156d	MO100287	Southwest Region	$5,748	$6,938	$5,748	$272	$	$5,477
158d	MO106705	Southeast Region	$111,499	$131,425	$111,499	$9,234	$	$
158e	MO000021	Southeast Region	$54,236	$63,929	$54,236	$4,492	$	$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2002	5. State Funds	6. SAPT Block Grand Funds for Substance Abuse Prevention and Treatment Services	7. SAPT Block Grant Funds for Primary Prevention	8. Early Intervention Services for HIV(if applicable)	9. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children
158f	MO000022	Southeast Region	$148,045	$174,502	$148,045	$12,261	$	$
158g	MO903259	Southeast Region	$3,259	$3,841	$3,259	$270	$	$
158h	MO903853	Southeast Region	$317,504	$374,246	$317,504	$26,296	$	$
173	MO903788	Eastern Region	$432,500	$411,595	$432,500	$	$	$210,443
210	X	Eastern Region	$	$354,142	$	$	$	$
220	X	Central Region	$	$2,947	$	$	$	$
249c	MO105418	Eastern Region	$	$3,277	$	$	$	$
249d	MO105426	Eastern Region	$	$24,812	$	$	$	$
249e	MO105434	Southeast Region	$	$10,299	$	$	$	$
249f	MO102442	Southeast Region	$	$8,895	$	$	$	$
250	MO102050	Northwest Region	$44,178	$437,830	$44,178	$	$	$
276	MO100849	Southwest Region	$282,734	$293,239	$282,734	$	$	$
311a	MO100623	Northwest Region	$	$105,925	$	$	$	$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2002	5. State Funds	6. SAPT Block Grand Funds for Substance Abuse Prevention and Treatment Services	7. SAPT Block Grant Funds for Primary Prevention	8. Early Intervention Services for HIV(if applicable)	9. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children
311b	MO100624	Northwest Region	$	$45,822	$	$	$	$
312	MO100622	Southwest Region	$	$108,376	$	$	$	$
400	X	Statewide (optional)	$70,698	$	$70,698	$70,698	$	$
401	X	Statewide (optional)	$7,065	$	$7,065	$	$	$
402	X	Eastern Region	$137,850	$	$137,850	$137,850	$	$
403	X	Northwest Region	$89,364	$14,894	$89,364	$89,364	$	$
404	X	Statewide (optional)	$10,000	$	$10,000	$	$	$
405	X	Southeast Region	$70,281	$6,264	$70,281	$70,281	$	$
406	X	Statewide (optional)	$139,955	$	$139,955	$139,956	$	$
407	X	Statewide (optional)	$694	$	$694	$	$	$
408	X	Statewide (optional)	$8,000	$	$8,000	$	$	$
409	X	Southwest Region	$74,233	$70,594	$74,233	$74,233	$	$
410	X	Northwest Region	$305,559	$	$305,559	$305,559	$	$

1. Entity Number	2. Inventory of Substance Abuse Treatment Services (I-SATS) ID	3. Area Served	4. SAPT Block Grant - FFY 2002	5. State Funds	6. SAPT Block Grand Funds for Substance Abuse Prevention and Treatment Services	7. SAPT Block Grant Funds for Primary Prevention	8. Early Intervention Services for HIV(if applicable)	9. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children
411	X	Eastern Region	$62,283	$	$62,283	$62,283	$	$
412	X	Southeast Region	$17,279	$	$17,279	$17,279	$	$
413	X	Southeast Region	$71,078	$21,982	$71,078	$71,078	$	$
414	X	Statewide (optional)	$426,727	$16,609	$426,727	$426,727	$	$
415	X	Southwest Region	$329,170	$141,333	$329,170	$329,170	$	$
416	X	Southeast Region	$99,167	$	$99,167	$99,167	$	$
417	X	Statewide (optional)	$5,756	$	$5,756	$	$	$
418	X	Eastern Region	$56,902	$	$56,902	$56,903	$	$
419	X	Statewide (optional)	$12,832	$	$12,832	$	$	$
420	X	Statewide (optional)	$4,322	$	$4,322	$4,323	$	$
421	X	Statewide (optional)	$	$14,845	$	$	$	$
422	X	Statewide (optional)	$	$83,523	$	$	$	$
423	X	Statewide (optional)	$	$45,036	$	$	$	$
TOTAL	TOTAL	TOTAL	$24,968,953	$27,122,681	$24,968,953	$5,226,864	$	$3,610,605

PROVIDER ADDRESS TABLE

State:
Missouri

Provider ID	Description	Provider Address
008	Central Office	
152	Natl Council on Alcoholism and Drug Abus	8790 Manchester Road, St. Louis, MO, 63144, 314-962-3456,
171	Natl Council on Alc and Drug Abuse GR KC	633 East 63rd Street, Suite 511, Kansas City, MO, 64110, 816-361-5900,
185	Tri County MH Services	3100 NE 83rd Street, Suite 1001, Kansas City, MO, 64119, 816-468-0400,
208	Liberty Programs The	929 Fee Fee Road, Suite 203, Maryland Heights, MO, 63043, 314-434-9441,
209	Safety Council of the Ozarks	1111 S. Glenstone, Springfield, MO, 65804, 417-869-2121,
211	Affiliated Court Servies	8 W 6th., Fulton, MO, 65251, 573-642-8056,
216	Caarec	326 Cherry, Chilicothe, MO, 64601, 660-646-1652,
217	Central States MH Cons	3217 S. Owens School Road, Independence, MO, 64057, 816-224-4417,
219	County Court Services	280 S. Memorial Drive, Independence, MO, 64050, 816-836-3677,
226	Northland Dependency Services	26 S. Gallatin, Liberty, MO, 64068, 816-455-7736,
227	Safety Council of Gr Stl	1015 Locust St., Suite 902, St. Louis, MO, 63101, 314-621-9200,
231	Traffic Safety Awareness Prog	PO Box 575, Linn Creek, MO, 65052, 573-346-3829,
238	Meramec Recovery Center	1580 Denmark Road, Union, MO, 63084, 636-583-1785,
247	Northside Community Center	4120 Maffitt, St. Louis, MO, 63113, 314-531-4161,
248	FriendsWith A Better Plan	5622 Delmar, Suite 108 E, St. Louis, MO, 63112, 314-361-2371,
252	Accredited Traffic Offenders	1515 E. Malone, Sikeston, MO, 63801, 573-471-7710,
264	Door To Hope	PO Box 15, Galena, MO, 65656-0015, 417-357-6263,
267	MO Association for Community Task Force	1648-B East Elm Street, Jefferson City, MO, 65101, 573-635-6669,

Provider ID	Description	Provider Address
268	City STL Mental Health Board	4144 Lindell Blvd., St. Louis, MO, 63108, 314-535-6964,
273	MO State Dept Economic Develop	PO Box 1087, Jefferson City, MO, 65102, 573-751-4750,
274	Alcohol Drug Consultants	1736 E. Sunshine, Ste. 214, Springfield, MO, 65804, 417-848-4565,
301	City of St Louis	
302	Community Housing Network	
048	Clark Community Mental Health Center	307 Fourth Street, PO BOx 285, Monett, MO, 65708, 417-235-6610,
210	Eastern Mo Alternative Sentencing Service	545 First Capitol Drive, St. Charles, MO, 63301, 6369462815,
220	Rasse, David R. and Assoc.	78 West Arrow Street, PO Box 38, Marshall, MO, 65340, 660-886-3373,
300	Community Alternatives	3738 Chouteau Ave., Ste. 200, St. Louis, MO, 63110, 314-772-8801,
301	Community Housing Network	2211 Charlotte, Felix Bldg Lower Level 33, Kansas City, MO, 64108, 816-512-4444,
302	Community Movement	3330 Troost Ave., Kansas City, MO, 64109, 816-842-8515,
303	Covington & Burling	1201 Pennsylvania Ave., NW, Washington, MO, 20044, 202-662-5410,
304	Friends with a Better Plan	5622 Delmar, Suite 102E, St. Louis, MO, 63112, 314-361-2371,
305	IAM Cares	230 S Bemiston, Suite 1006, St. Louis, MO, 63105, 314-721-8116,
306	L.E.A.D. Institute	311 Bernadette Drive, Columbia, MO, 65203, 573-817-2400,
307	Lincoln University	Po Box 29, 306 Young Hall, Jefferson City, MO, 65102, 573-681-5058,
308	Mississippi Co 33rd Circuit Ct	PO Box 369, Charleston, MO, 63834, 573-683-2146,
309	Missouri Alliance for Children	724 Heisinger Road, Jefferson City, MO, 65109-4771, 573-556-8090,
310	Missouri Housing Development	3435 Broadway, Kansas City, MO, 64111, 816-759-6600,

Provider ID	Description	Provider Address
311	MO Alliance of Boys/Girls Club	6301 Rockhill Rd., Ste. 303, Kansas City, MO, 64131, 816-361-3600,
312	Alternative Opportunities, Inc	713 Salem Ave., Rolla, MO, 65401, 573-368-4755,
313	Smart, Michelle	8436 Roanoke Drive, St. Louis, MO, 63121, 573-751-8488,
314	St. Louis Department of Health	PO Box 14702, 634 N Grand, St. Louis, MO, 63178, 314-658-1140,
315	University of MO-Columbia	Office Sponsored Prog, 310 Jesse Hall, Columbia, MO, 65211, 573-882-7560,
316	University of MO-Kansas City	5100 Rockhill Rd, 350 Admin Center, Kansas City, MO, 64110, 816-235-1445,
317	William Woods University	One University Ave., Fulton, MO, 65251-1098, 573-592-1127,
319	MO State Courts Administrator	2112 Industrial, PO Box 104480, Jefferson City, MO, 65102, 573-751-4377,
320	United Way of the Ozarks	320 N Jefferson, Springfield, MO, 65806-1109, 417-863-7700,
321	Ozarks Area Community Action	215 S Barnes Avenue, Springfield, MO, 65802-2204, 417-862-4314,
322	Save, Inc.	PO Box 45301, Kansas City, MO, 64171, 816-531-8340,
323	Southeast MO University	One University Ave., Cape Girardeau, MO, 63701, 573-651-2196,
400	William Woods University	One University Avenue, Fulton, MO, 65251-1098, 573-592-1127,
401	Missouri Housing Development	3435 Broadway, Kansas City, MO, 64111, 816-759-6600,
402	Friends with a Better Plan	5622 Delmar, Suite 102E, St. Louis, MO, 63112, 314-361-2371,
403	Community Movement - Move Up	3330 Troost Avenue, Kansas City, MO, 64109, 816-842-8515,
404	Community Housing Network	2211 Charlotte, Felix Bldg Lower Level 33, Kansas City, MO, 64108, 816-512444,
405	Prevention Consultants of MO	713 Salem, Rolla, MO, 65401, 573-368-4755,
406	L.E.A.D. Institute, The	311 Bernadette Drive, Ste. C, Columbia, MO, 65203, 573-817-2400,

Provider ID	Description	Provider Address
407	Community Alternatives	3115 S. Grand, St. Louis, MO, 63118, 314-772-8801,
408	Missouri Alliance for Children	724 Heisinger Road, Jefferson City, MO, 65109-4771, 573-556-8090,
409	Community Partnership of Ozarks	330 N. Jefferson, Springfield, MO, 65806, 417-888-2020,
410	Mo Alliance of Boys/Girls Club	6301 Rockhill Road, Ste. 303, Springfield, MO, 64131, 816-361-3600,
411	St Louis Department of Health	634 North Grand, St. Louis, MO, 63178, 314-658-1140,
412	Mississippi County 33rd Circuit Ct	PO Box 369, Charleston, MO, 63834, 573-683-2146,
413	Southeast Mo State University	One University Plaza, Cape Girardeau, MO, 63701, 573-651-2196,
414	University of Mo - Columbia	Office of Sponsored Programs 310 Jesse, Columbia, MO, 65211, 573-882-7560,
415	United Way of the Ozarks	320 N. Jefferson, Springfield, MO, 65806-1109, 417-863-7700,
416	Lincoln University	Business & Finance, 306 Young Hall, Jefferson City, MO, 65102, 573-681-5058,
417	Oxford House, Inc.	1010 Wayne Avenue, Silver Spring, MO, 20910,
418	IAM Cares	230 South Bemiston, Ste 1006, St. Louis, MO, 63105, 314-721-8116,
419	Covington Burling	1201 Pennsylvania Ave, NW, Washington, MO, 20044,
420	University of Oklahoma	Office of Proj & Compl Ass., 660 Parringtor, Norman, MO, 73019,
421	Community Action	215 S. Barnes Avenue, Springfield, MO, 65802-2204, 417-862-4314,
422	Save, Inc.	PO Box 45301, Kansas City, MO, 64171, 816-531-8340,
423	Office of State Court Administrators	2212 Industrial, PO Box 104480, Jefferson City, MO, 65102, 573-751-4377,

Form 6a: Risk - Strategies

State:
Missouri

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of Substance Abusers [1]	Parenting and family management [11]	0
	Ongoing classroom and/or small group sessions [12]	0
	Preschool ATOD prevention programs [16]	0
	Multi-agency coordination and collaboration/coalition [43]	0
	Community team-building [44]	0
	Mentors [15]	0
Pregnant Women/Teens [2]	Parenting and family management [11]	0
	Community team-building [44]	0
	Clearinghouse/information resources centers [1]	0
	Education programs for youth groups [14]	0
	Peer leader/helper programs [13]	0
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	0
	Speaking engagements [6]	0
	Brochures [4]	0
	Media campaigns [3]	0
	Multi-agency coordination and collaboration/coalition [43]	0
	Mentors [15]	0
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	0
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	0
	Recreation activities [26]	0
	Youth/adult leadership activities [22]	0
	Drug free dances and parties [21]	0

Form 6a: Risk - Strategies (...continued)

State:
Missouri

Column A (Risks)	Column B (Strategies)	Column C (Providers)
(cont...) Pregnant Women/Teens [2]	Ongoing classroom and/or small group sessions [12]	0
Drop-Outs [3]	Mentors [15]	0
	Resources directories [2]	0
	Accessing services and funding [45]	0
	Student Assistance Programs [32]	0
	Community service activities [24]	0
	Information lines/Hot lines [8]	0
	Community team-building [44]	0
	Recreation activities [26]	0
	Peer leader/helper programs [13]	0
	Drug free dances and parties [21]	0
	Education programs for youth groups [14]	0
	Media campaigns [3]	0
	Clearinghouse/information resources centers [1]	0
Violent and Delinquent Behavior [4]	Parenting and family management [11]	0
	Driving while under the influence/driving while intoxicated education programs [33]	0
	Accessing services and funding [45]	0
	Community service activities [24]	0
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	0
	Recreation activities [26]	0
	Drug free dances and parties [21]	0
	Education programs for youth groups [14]	0

Form 6a: Risk - Strategies (...continued)

State:
Missouri

Column A (Risks)	Column B (Strategies)	Column C (Providers)
(cont...) Violent and Delinquent Behavior [4]	Peer leader/helper programs [13]	0
	Mentors [15]	0
	Multi-agency coordination and collaboration/coalition [43]	0
	Ongoing classroom and/or small group sessions [12]	0
Mental Health Problems [5]	Parenting and family management [11]	0
	Clearinghouse/information resources centers [1]	0
	Brochures [4]	0
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	0
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	0
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	0
	Recreation activities [26]	0
	Youth/adult leadership activities [22]	0
	Drug free dances and parties [21]	0
	Education programs for youth groups [14]	0
	Peer leader/helper programs [13]	0
	Speaking engagements [6]	0
	Media campaigns [3]	0
	Community team-building [44]	0
	Multi-agency coordination and collaboration/coalition [43]	0
	Mentors [15]	0
	Ongoing classroom and/or small group sessions [12]	0
Economically Disadvantaged [6]	Parenting and family management [11]	0

Form 6a: Risk - Strategies (...continued)

State:
Missouri

Column A (Risks)	Column B (Strategies)	Column C (Providers)
(cont...) Economically Disadvantaged [6]	Systematic planning [42]	0
	Accessing services and funding [45]	0
	Information lines/Hot lines [8]	0
	Resources directories [2]	0
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	0
	Recreation activities [26]	0
	Youth/adult leadership activities [22]	0
	Drug free dances and parties [21]	0
	Education programs for youth groups [14]	0
	Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drug use [52]	0
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	0
	Speaking engagements [6]	0
	Brochures [4]	0
	Media campaigns [3]	0
	Community team-building [44]	0
	Mentors [15]	0
	Ongoing classroom and/or small group sessions [12]	0
Physically Disabled [7]	Preschool ATOD prevention programs [16]	0
	Information lines/Hot lines [8]	0
	Speaking engagements [6]	0
	Brochures [4]	0
	Media campaigns [3]	0

Form 6a: Risk - Strategies (...continued)

State:
Missouri

Column A (Risks)	Column B (Strategies)	Column C (Providers)
(cont...) Physically Disabled [7]	Clearinghouse/information resources centers [1]	0
	Community team-building [44]	0
	Multi-agency coordination and collaboration/coalition [43]	0
Abuse Victims [8]	Parenting and family management [11]	0
	Ongoing classroom and/or small group sessions [12]	0
	Education programs for youth groups [14]	0
	Peer leader/helper programs [13]	0
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	0
	Speaking engagements [6]	0
	Brochures [4]	0
	Media campaigns [3]	0
	Clearinghouse/information resources centers [1]	0
	Community team-building [44]	0
	Multi-agency coordination and collaboration/coalition [43]	0
	Mentors [15]	0
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	0
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	0
	Recreation activities [26]	0
	Youth/adult leadership activities [22]	0
	Drug free dances and parties [21]	0
Already Using Substances [9]	Parenting and family management [11]	0
	Community team-building [44]	0

Form 6a: Risk - Strategies (...continued)

State:
Missouri

Column A (Risks)	Column B (Strategies)	Column C (Providers)
(cont...) Already Using Substances [9]	Ongoing classroom and/or small group sessions [12]	0
	Brochures [4]	0
	Education programs for youth groups [14]	0
	Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drug use [52]	0
	Accessing services and funding [45]	0
	Community service activities [24]	0
	Information lines/Hot lines [8]	0
	Resources directories [2]	0
	Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools [51]	0
	Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training [41]	0
	Recreation activities [26]	0
	Youth/adult leadership activities [22]	0
	Drug free dances and parties [21]	0
	Peer leader/helper programs [13]	0
	Health fairs and other health promotion, e.g., conferences, meetings, seminars [7]	0
	Media campaigns [3]	0
	Mentors [15]	0
Homeless and/or Run away Youth [10]	Clearinghouse/information resources centers [1]	0
	Radio and TV public service announcements [5]	0
	Information lines/Hot lines [8]	0
	Resources directories [2]	0
	Brochures [4]	0

Form 6a: Risk - Strategies (...continued)

State:
Missouri

Column A (Risks)	Column B (Strategies)	Column C (Providers)
(cont...) Homeless and/or Run away Youth [10]	Media campaigns [3]	0

Form 7a

TREATMENT UTILIZATION MATRIX

State:	Substate Planning Area [95]:
Missouri	State Total

Type of Care		Primary Diagnosis of Alcohol Problems			Primary Diagnosis of Drug Problems			Substance Abuse Problems (no primary diagnosis)			State-Validated Count
	A. Number of State Approved Facilities	B. Number of Admissions	C. Number of Persons Served	D. Cost per Person (Minimum - Maximum)	E. Number of Admissions	F. Number of Persons Served	G. Cost per Person (Minimum - Maximum)	H. Number of Admissions	I. Number of Persons Served	J. Cost per Person (Minimum - Maximum)	K. (yes if checked)
Detoxification (24 hour Care)											
1. Hospital Inpatient	0	14	8	1870.16	4	13	1870.16	5	15	1870.16	☒
2. Free-standing Residential	27	2,684	1,468	224.42	1,882	1,807	224.42	3,116	2,218	224.42	☒
Rehabilitation / Residential											
3. Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	☐
4. Short-term (up to 30 days)	27	1,619	1,764	1183.34	3,087	2,313	1183.34	3,052	2,671	1183.34	☒
5. Long-term (over to 30 days)	27	173	292	1887.67	655	405	1887.67	563	512	1887.67	☒
Ambulatory (Outpatient)											
6. Methadone	3	1	229	1826.89	268	352	1826.89	72	412	1826.89	☒
7. Non-Methadone	32	5,998	7,905	360.77	4,587	10,551	360.77	5,699	12,308	360.77	☒
8. Intensive Outpatient	45	2,021	4,408	2126.78	6,091	5,793	2126.78	6,858	6,628	2126.78	☒
9. Detoxification	0	0	0	0	0	0	0	0	0	0	☐
TOTAL	161	12,510	16,074		16,574	21,234		19,365	24,764		

Form 7b

Number Of Persons For Alcohol And Other Drug Use In State-Funded Services By Age, Sex, And Race/Ethnicity (Unduplicated Count)

State:
Missouri

AGE GROUP	A. TOTAL	B. White		C. Black		D. Native Hawaiian / Other Pacific Islander		E. Asian		F. American Indian / Alaska Native		G. More than one race reported		H. Others / Unknown		I. Not Hispanic or Latino		J. Hispanic or Latino	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 11 and under	8	6	0	1	0	0	0	0	0	0	0	0	0	1	0	7	0	1	0
2. 12-14	398	189	97	67	17	0	0	0	0	0	0	7	3	6	12	265	117	4	12
3. 15-17	2454	1257	604	390	89	3	0	8	3	1	4	23	8	55	9	1678	703	59	14
4. 18-24	6788	3716	1479	1026	379	11	6	14	9	14	9	15	10	69	31	4775	1886	90	37
5. 25-44	19289	8682	4720	3236	2226	12	1	19	11	67	46	15	8	193	53	11999	6979	225	86
6. 45-64	5128	2525	818	1215	479	5	3	3	2	16	6	2	1	46	7	3758	1300	54	16
7. 65 and over	137	87	8	34	3	1	0	0	0	0	0	1	0	3	0	125	11	1	0
8. Total	34202	16462	7726	5969	3193	32	10	44	25	98	65	63	30	373	112	22607	10996	434	165
9. Pregnant Women	355		238		108		2		0		1		2		4		349		6

SSA (MOE Table I)

Total Single State Agency (SSA) Expenditures for Substance Abuse (Table I)

State:
Missouri

PERIOD (A)	EXPENDITURES (B)	B1(2002) + B2(2003) / 2 (C)
SFY 2002 (1)	$36,004,773	
SFY 2003 (2)	$36,295,542	$36,150,157
SFY 2004 (3)	$36,595,848	

Are the expenditure amounts reported in Columns B and C "actual" or "estimated" expenditures?

Column B Actual Expenditures ☒ Yes ☐ No

Column C Actual Expenditures ☒ Yes ☐ No

If No, please indicate when "actual" expenditure data will be submitted to SAMHSA:

Did the State have any non-recurring expenditures for a specific purpose which were not included in the MOE calculation?

☐ Yes ☒ No **If yes, specify the amount** $0

Did the State include funds in previous year MOE calculations? ☐ Yes ☒ No

SSA (MOE Table I) Footnotes
Updated expenditures for period 2002 (column B) is $36,004,773. Updated figure for column C for period 2003 is $36,150,158.

TB (MOE Table II)

State:
Missouri

Statewide Non-Federal Expenditures for Tuberculosis Services to Substance Abusers in Treatment (Table II)

(BASE TABLE)

PERIOD	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Clients who were Substance Abusers in Treatment (B)	Total State Funds Spent on Clients who were Substance Abusers in Treatment (A x B) (C)	Average of Columns C1 and C2 C1 + C2 / 2 MOE BASE (D)
SFY 1991 (1)	$140,610	17.6%	$24,747	
SFY 1992 (2)	$190,559	17.6%	$33,538	$29,143

(MAINTENANCE TABLE)

PERIOD	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Clients who were Substance Abusers in Treatment	Total State Funds Spent on Clients who were Substance Abusers in Treatment (A x B)
SFY 2004 (3)	$0	0%	$0

TB (MOE Table II) Footnotes
The state of Missouri has requested technical assistance for this item. Data will be submitted at a later date.

HIV (MOE Table III)

State:
Missouri

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Substance Abusers in Treatment (Table III)

(BASE TABLE)

PERIOD	Total of All State Funds Spent on Early Intervention Services for HIV* (A)	Average of Columns A1 and A2 A1 + A2 / 2 MOE BASE (B)
SFY1991 (1)	$298,242	
SFY1992 (2)	$304,625	$301,434

(MAINTENANCE TABLE)

PERIOD	Total of All State Funds Spent on Early Intervention Services for HIV* (A)
SFY 2004 (3)	$1,298,500

*** Provided to substance abusers at the site at which they receive substance abuse treatment**

HIV (MOE Table III) Footnotes
Base calculated using SFY1993 and SFY1994 HIV State expenditure information.

Womens (MOE TABLE IV)

State:
Missouri

Expenditures for Services to Pregnant Women and Women with Dependent Children (Table IV)

(MAINTENANCE TABLE)

PERIOD	Total Women's BASE (A)	Total Expenditures (B)
1994	$7,728,020	
2002		$9,666,157
2003		$9,430,672
2004		$9,902,206

Enter the amount the State plans to expend in FY 2005 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A {1994}): $9,965,345

Womens (MOE TABLE IV) Footnotes
Updated expenditures for period 2002 (column B) is $9,666,157. Updated expenditures for period 2003 (column B) is $9,430,672.

State:
Missouri

Planning Checklist

Use the following checklist to indicate the criteria your State will use in deciding how to allocate FY 2005 Block Grant funds. Mark all criteria that apply. Indicate the priority of the criteria by placing numbers in the boxes. For example, if the most important criterion is 'incidence and prevalence levels', put a '1' in the box beside that option. If two or more criteria are equal, assign them the same number.

2 Population levels, Specify formula:
2002 population estimates

2 Incidence and prevalence levels

3 Problem levels as estimated by alcohol/drug-related crime statistics

4 Problem levels as estimated by alcohol/drug-related health statistics

3 Problem levels as estimated by social indicator data

4 Problem levels as estimated by expert opinion

1 Resource levels as determined by (specific method)
Funding of existing services

2 Size of gaps between resources (as measured by)
Number of clients that can be served

and needs (as estimated by)
as by STNAP 2003 study

_ Other (specify):

Form 8

Treatment Needs Assessment Summary Matrix

State:	Calendar Year:
Missouri	2002

1.	2.	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: Intox Boating	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Northwest Region	1,380,688	83,791	6,705	3,001	844	24,679	2,194	10,487	13,696	43	1.81	7.75	2.75

Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: Intox. Boating	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Central Region	753,355	84,530	10,583	1,625	445	22,998	2,745	5,692	4,271	360	.66	2.79	1.19

Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: Intox. Boating	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Eastern Region	2,027,841	203,724	20,145	4,376	1,171	62,091	6,287	10,026	13,077	14	2.51	8.83	2.96

Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: Intox. Boating	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Southwest Region	831,427	58,774	3,935	1,875	37	17,401	1,351	8,352	5,318	44	4.69	2.65	2.04

Form 8

Treatment Needs Assessment Summary Matrix

State:	Calendar Year:
Missouri	2002

1.	2.	3. Total Population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases		
Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: Intox. Boating	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
Southeast Region	680,744	60,405	4,594	1,500	168	17,496	1,625	5,375	5,395	9	2.2	2.5	1.76

Substate Planning Area	Total Population	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other: Intox. Boating	A. Hepatitis B / 100,000	B. AIDS / 100,000	C. Tuberculosis / 100,000
State Total	5,674,055	491,224	45,962	12,378	2,664	144,666	14,202	39,932	41,757	470	2.38	6.1	2.4

Form 9

Treatment Needs by Age, Sex, and Race/Ethnicity

State:	Substate Planning Area [95]:
Missouri	State Total

AGE GROUP	A. TOTAL	B. WHITE		C. BLACK		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. UNKNOWN		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 11 and under		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 12-14	4,015	1,929	1,082	0	0	0	0	0	0	0	0	0	0	688	316	0	0	0	0
3. 15-17	25,362	13,053	6,521	0	0	0	0	0	0	0	0	0	0	4,626	1,162	0	0	0	0
4. 18-24	135,537	78,667	35,880	0	0	0	0	0	0	0	0	0	0	14,415	6,575	0	0	0	0
5. 25-44	209,213	121,429	55,384	0	0	0	0	0	0	0	0	0	0	22,251	10,149	0	0	0	0
6. 45-64	89,080	51,703	23,582	0	0	0	0	0	0	0	0	0	0	9,474	4,321	0	0	0	0
7. 65 and over	28,017	16,261	7,417	0	0	0	0	0	0	0	0	0	0	2,980	1,359	0	0	0	0
8. Total	491,224	283,042	129,866											54,434	23,882				

State:
Missouri

INTENDED USE PLAN

(Include ONLY Funds to be spent by the agency administering the block grant. Estimated data are acceptable on this form)

Activity (see instructions for using Row 1)	A. FFY 2005 SAPT Block Grant	B. Medicaid (Federal, State and Local)	C. Other Federal Funds (e.g., Medicare, other public welfare)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other
1. Substance abuse treatment and rehabilitation	$19,600,740	$39,157,364	$1,092,104	$49,868,662	$0	$0
2. Primary Prevention	$5,226,864		$6,233,306	$1,819,268	$0	$0
3. Tuberculosis Services	$0	$102,706	$0	$80,386	$0	$0
4. HIV Early Intervention Services	$0	$197,242	$0	$2,474,274	$0	$0
5. Administration (excluding program/provider level)	$1,306,716		$1,154,402	$3,182,500	$0	$0
6. Column Total	$26,134,320	$39,457,312	$8,479,812	$57,425,090	$	$

Form 11a

Primary Prevention Planned Expenditures Checklist

State:
Missouri

	Block Grant FY 2005	Other Federal	State	Local	Other
Information Dissemination	**$617757**	**$615416**	**$11434**	**$0**	**$0**
Education	**$1605006**	**$2091958**	**$763828**	**$0**	**$0**
Alternatives	**$743559**	**$316058**	**$2880**	**$0**	**$0**
Problem Identification & Referral	**$55729**	**$105441**	**$1822**	**$0**	**$0**
Community-Based Process	**$704650**	**$1546264**	**$285158**	**$0**	**$0**
Environmental	**$447218**	**$1057337**	**$11264**	**$0**	**$0**
Other	**$552549**	**$395394**	**$114126**	**$0**	**$0**
Section 1926 - Tobacco	**$500396**	**$105438**	**$628756**	**$0**	**$0**
TOTAL	**$5,226,864**	**$6,233,306**	**$1,819,268**	**$**	**$**

Form 11a Footnotes
Other Federal - Safe & Drug Free Schools

State - Healthy Family Trust (Tobacco Settlement funds); General Revenue

Form 11b

Planned Expenditures on Resource Development Activities

State:
Missouri

Does your State plan to fund resource development activities with FY 2005 funds?

☒ Yes ☐ No

	Treatment	Prevention	Total
Planning, Coordination and Needs Assessment	**$0**	**$300000**	**$300000**
Quality Assurance	**$0**	**$7000**	**$7000**
Training (post-employment)	**$50000**	**$0**	**$50000**
Education (pre-employment)	**$0**	**$0**	**$0**
Program Development	**$50000**	**$178000**	**$228000**
Research and Evaluation	**$109511**	**$450000**	**$559511**
Information Systems	**$0**	**$0**	**$0**
TOTAL	**$209,511**	**$935,000**	**$1,144,511**

Form 12

TREATMENT CAPACITY MATRIX

State:	Substate Planning Area [95]:
Missouri	State Total

Type of Care		Primary Diagnosis of Alcohol Problems			Primary Diagnosis of Drug Problems			Substance Abuse Problems (no primary diagnosis)			State-Validated Count
	A. Number of State Approved Facilities	B. Number of Services Provided	C. Number of Persons Served	D. Cost per Person	E. Number of Services Provided	F. Number of Persons Served	G. Cost per Person	H. Number of Services Provided	I. Number of Persons Served	J. Cost per Person	K. (yes if checked)
Detoxification (24 hour Care)											
1. Hospital Inpatient	0	28	16	1,870	8	26	1,870	10	30	1,870	☒
2. Free-standing Residential	27	5,368	2,936	224	3,764	3,614	224	6,232	4,436	224	☒
Rehabilitation / Residential											
3. Hospital Inpatient (Rehabilitation)	0	0	0	0	0	0	0	0	0	0	☐
4. Short-term (up to 30 days)	27	3,238	3,528	1,183	6,174	4,626	1,183	6,104	5,342	1,183	☒
5. Long-term (over to 30 days)	27	346	584	1,888	1,310	810	1,888	1,126	1,024	1,888	☒
Rehabilitation / Ambulatory											
6. Outpatient (Methadone)	3	2	458	1,827	536	704	1,827	144	824	1,827	☒
7. Outpatient (Non-Methadone)	32	11,996	15,810	361	9,174	21,102	361	11,398	24,616	361	☒
8. Intensive Outpatient	45	4,042	8,816	2,127	12,182	11,586	2,127	13,716	13,256	2,127	☒
9. Detoxification (Outpatient)	0	0	0	0	0	0	0	0	0	0	☐
TOTAL	161	25,020	32,148		33,148	42,468		38,730	49,528		

State:
Missouri

Purchasing Services

This item requires completing two checklists

There are many methods the State can use to purchase substance abuse services. Use the following checklist to describe how your State will purchase services with the FY 2005 block grant award.
Indicate the proportion of funding that is expended through the applicable procurement mechanism. The total for these categories should equal 100 percent.

☐	Competitive grants	Percent of Expense: %
☒	Competitive contracts	Percent of Expense: 99%
☐	Non-competitive grants	Percent of Expense: %
☒	Non-competitive contracts	Percent of Expense: 1%
☐	Statutory or regulatory allocation to governmental agencies serving as umbrella agencies that purchase or directly operate services	Percent of Expense: %
☐	According to county or regional priorities	Percent of Expense: %
☐	Other	Percent of Expense: %

There are also alternative ways a State can decide how much it will pay for services. Use the following checklist to describe how your State pays for services. Complete any that apply. In addressing a States allocation of resources through various payment methods, a State may choose to report either the proportion of expenditures or proportion of clients served through these payment methods. Estimated proportions are acceptable.

☐	Line item program budget		Percent of Clients Served: % Percent of Expenditures: %
☐	Price per slot		Percent of Clients Served: % Percent of Expenditures: %
	Rate:	Type of slot:	
	Rate:	Type of slot:	
	Rate:	Type of slot:	
☒	Price per unit of service		Percent of Clients Served: 100% Percent of Expenditures: 100%
	Unit: HR	Rate: 44.2	
	Unit: HR	Rate: 17.57	
	Unit: DAY	Rate: 4.63	

☐ Per capita allocation (Formula):

Percent of Clients Served: %
Percent of Expenditures: %

☐ Price per episode of care:

Percent of Clients Served: %
Percent of Expenditures: %

Rate: Diagnostic Group:

Rate: Diagnostic Group:

Rate: Diagnostic Group:

Program Performance Monitoring

☒ On-site inspections

(Frequency for treatment:) annually

(Frequency for prevention:) annually

☒ Activity Reports

(Frequency for treatment:)

(Frequency for prevention:) monthly

☒ Management information System

☒ Patient/participant data reporting system

(Frequency for treatment:) monthly

(Frequency for prevention:) monthly

☒ Performance Contracts

☒ Cost reports

☒ Independent Peer Review

☒ Licensure standards - programs and facilities

(Frequency for treatment:) annually

(Frequency for prevention:) annually and every 2 years

☒ Licensure standards - personnel

(Frequency for treatment:) semi-annually

(Frequency for prevention:) annually and every 2 years

☐ Other (Specify):

State:
Missouri

Reporting Period:
From 7/1/2002 To 6/30/2003

FORM T1 - EMPLOYMENT STATUS
TREATMENT PERFORMANCE MEASURE
PERCENTAGE POINT CHANGE IN EMPLOYMENT STATUS (From Admission to Discharge)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIAN / ALASKA NATIVE		MORE THAN ONE RACE REPORTED		UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO	
AGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
11 AND UNDER	50	0	50	0	0	0	0	0	0	0	0	0	0	0	0	0	50	0	0	0
12 - 14	-50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-50	0	0	0
15 - 17	4	0	4	5	3	-45	0	0	0	0	0	0	0	0	7	0	4	1	0	-50
18 - 24	3	5	2	5	7	-2	0	0	15	27	-14	0	3	10	4	37	3	4	3	14
25 - 44	4	9	4	6	7	19	0	0	0	-25	1	14	3	0	0	-3	5	9	3	-2
45 - 64	3	6	2	1	8	19	0	0	0	0	0	0	0	0	0	0	3	6	-3	67
65 AND OVER	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
TOTAL	4	7	3	5	7	16	-4	33	10	9	0	0	0	0	0	0	4	7	2	5

Form T1 - PAGE 2

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

T1.1
What is the source of data for this table? (Select all that apply)

☐ Client Self Report
☒ Administrative Data Source ☐ Other: Specify

T1.2
How is Admission/Discharge Basis defined? (Select one)

☐ Admission is on the first date of service, prior to which no service has been received for 30 days
Discharge is on the last date of service, subsequent to which no service has been received for 30 days.
☒ Admission is on the first date of service in a Program/Service Delivery Unit AND Discharge is on the last date of service in a Program/Service Delivery Unit
☐ Other: Specify

T1.3
How was the discharge data collected? (Select One)

☐ Not Applicable, data reported on form is collected at time period other than discharge --> Specify: ☐ In-Treatment data days post admission OR
☐ Follow-up data months
☐ Post admission discharge
☐ Other: Specify
☒ Discharge data is collected for the census of all clients who were admitted to treatment
☐ Discharge data is collected for a sample of all clients who were admitted to treatment
☐ Discharge records are collected or created for all clients who were admitted to treatment
☐ Discharge records are NOT completed for some clients who were admitted to treatment
Specify proportion of clients without a discharge record: %

T1.4
Was the admission and discharge data linked? (Select one)

☒ Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
Select type of UCID: ☒ Statewide ☐ County/Regional ☐ Facility
☐ No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data
☐ No, admission and discharge records were matched using probabilistic record matching

T1.5
Why are you Unable to Report? (Select all that apply)

☒ Not Applicable, data reported above
☐ Information is not collected at Admission ☐ Information is not collected at Discharge
☐ Information not collected by categories requested
☐ State collects information on the indicator area but utilizes a different measure
☐ Other: Specify

Form T1 - PAGE 3

State Description of Employment Status Data Collection (Form T1)*

*(See HELP to reference the Interim Standard from the instructions)

GOAL	To improve the employment status of persons treated in the States substance abuse treatment system.
MEASURE	The change in percentage of all clients receiving treatment who reported being employed (including part-time) at discharge.
STATE CONFORMANCE TO INTERIM STANDARD	States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

State collects admission and discharge data on employment that can be reported using TEDS definitions.

YES ☒ NO ☐

State reported data using data other than admission and discharge data.

YES ☐ NO ☒

State reported data using administrative data.

YES ☒ NO ☐

Form T1 - PAGE 4

DATA SOURCE(S)	Source(s):	Department of Mental Health's Management Information System.
DATA ISSUES	Issues:	N/A
DATA PLANS IF DATA IS NOT AVAILABLE	State should provide time-framed plans for capturing employment status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.	

State:
Missouri

Reporting Period:	
From	To

FORM T2 - LIVING STATUS
TREATMENT PERFORMANCE MEASURE
PERCENTAGE POINT CHANGE IN HOMELESSNESS (From Admission to Discharge)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIAN / ALASKA NATIVE		MORE THAN ONE RACE REPORTED		UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO	
AGE	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
11 AND UNDER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12 - 14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15 - 17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 - 24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 - 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 - 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65 AND OVER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Form T2 - PAGE 2

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

T2.1
What is the source of data for this table? (Select all that apply)

☐ Client Self Report
☐ Administrative Data Source ☐ Other: Specify

T2.2
How is Admission/Discharge Basis defined? (Select one)

☐ Admission is on the first date of service, prior to which no service has been received for 30 days
Discharge is on the last date of service, subsequent to which no service has been received for 30 days.
☐ Admission is on the first date of service in a Program/Service Delivery Unit AND Discharge is on the last date of service in a Program/Service Delivery Unit
☐ Other: Specify

T2.3
How was the discharge data collected? (Select one)

☐ Not Applicable, data reported on form is collected at time period other than discharge --> Specify: ☐ In-Treatment data days post admission OR
☐ Follow-up data months
☐ Post admission discharge
☐ Other: Specify
☐ Discharge data is collected for the census of all clients who were admitted to treatment
☐ Discharge data is collected for a sample of all clients who were admitted to treatment
☐ Discharge records are collected or created for all clients who were admitted to treatment
☐ Discharge records are NOT completed for some clients who were admitted to treatment.
Specify proportion of clients without a discharge record: %

T2.4
Was the admission and discharge data linked? (Select one)

☐ Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
Select type of UCID: ☐ Statewide ☐ County/Regional ☐ Facility
☐ No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data
☐ No, admission and discharge records were matched using probabilistic record matching

T2.5
Why are you Unable to Report? (Select all that apply)

☐ Not Applicable, data reported above
☐ Information is not collected at Admission ☒ Information is not collected at Discharge
☐ Information not collected by categories requested
☐ State collects information on the indicator area but utilizes a different measure
☐ Other: Specify

Form T2 - PAGE 3

State Description of Homelessness (Living Status) Data Collection (Form T2)*

*(See HELP to reference the Interim Standard from the instructions)

GOAL	To improve the living conditions of persons treated in the States substance abuse treatment system.
MEASURE	The change in percentage of all clients receiving treatment who reported being homeless at discharge.
STATE CONFORMANCE TO INTERIM STANDARD	States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

State collects admission and discharge data on living status that can be reported using TEDS definitions.

YES ☐ NO ☒

State reported data using data other than admission and discharge data.

YES ☐ NO ☒

State reported data using administrative data.

YES ☐ NO ☒

Form T2 - PAGE 4

DATA SOURCE(S)	Source(s):
DATA ISSUES	Issues:
DATA PLANS IF DATA IS NOT AVAILABLE	State should provide time-framed plans for capturing living status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

State:
Missouri

Reporting Period:
From 7/1/2002 To 6/30/2003

FORM T3 - CRIMINAL JUSTICE INVOLVEMENT
TREATMENT PERFORMANCE MEASURE
PERCENTAGE POINT CHANGE IN PERSONS ARRESTED (From Admission to Discharge)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIAN / ALASKA NATIVE		MORE THAN ONE RACE REPORTED		UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO	
AGE	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
11 AND UNDER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12 - 14	-37	-35	-35	-34	-47	0	0	0	0	0	0	0	-33	0	-40	0	-38	-35	-33	0
15 - 17	-48	-38	-48	-36	-46	-52	0	0	0	0	0	0	-61	-25	-46	0	-48	-38	-38	-42
18 - 24	-77	-72	-77	-73	-79	-67	-90	0	0	0	0	0	-79	0	-70	-65	-77	-72	-75	-70
25 - 44	-73	-70	-74	-72	-72	-67	0	0	0	0	-53	-71	0	0	-49	0	-73	-70	-60	-70
45 - 64	-69	-61	-68	-59	-70	-64	0	0	0	0	0	0	0	0	0	0	-69	-61	0	0
65 AND OVER	-70	0	0	0	-71	0	0	0	0	0	0	0	0	0	0	0	-70	0	0	0
TOTAL	-71	-67	-72	-67	-71	-66	-75	0	0	0	-58	-69	-65	-52	-52	-50	-71	-67	-59	-66

Form T3 - PAGE 2

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

T3.1
What is the source of data for this table? (Select all that apply)

☐ Client Self Report
☒ Administrative Data Source ☐ Other: Specify

T3.2
How is Admission/Discharge Basis defined? (Select one)

☐ Admission is on the first date of service, prior to which no service has been received for 30 days
Discharge is on the last date of service, subsequent to which no service has been received for 30 days.
☒ Admission is on the first date of service in a Program/Service Delivery Unit AND Discharge is on the last date of service in a Program/Service Delivery Unit
☐ Other: Specify

T3.3
How was the discharge data collected? (Select One)

☐ Not Applicable, data reported on form is collected at time period other than discharge --> Specify: ☐ In-Treatment data days post admission OR
☐ Follow-up data months
☐ Post admission discharge
☐ Other: Specify

☒ Discharge data is collected for the census of all clients who were admitted to treatment
☐ Discharge data is collected for a sample of all clients who were admitted to treatment
☐ Discharge records are collected or created for all clients who were admitted to treatment
☐ Discharge records are NOT completed for some clients who were admitted to treatment
Specify proportion of clients without a discharge record: %

T3.4
Was the admission and discharge data linked? (Select one)

☒ Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
Select type of UCID: ☐ Statewide ☐ County/Regional ☐ Facility
☐ No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data
☐ No, admission and discharge records were matched using probabilistic record matching

T3.5
Why are you Unable to Report? (Select all that apply)

☒ Not Applicable, data reported above
☐ Information is not collected at Admission ☐ Information is not collected at Discharge
☐ Information not collected by categories requested
☐ State collects information on the indicator area but utilizes a different measure
☐ Other: Specify

Form T3 - PAGE 3

State Description of Number of Arrests Data Collection (Form T3)*

*(See HELP to reference the Interim Standard from the instructions)

GOAL	To reduce the criminal justice involvement of persons treated in the States substance abuse treatment system.
MEASURE	The change in percentage of persons arrested in the last 30 days at discharge for all clients receiving treatment.
STATE CONFORMANCE TO INTERIM STANDARD	States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

State collects admission and discharge data on criminal justice involvement that can be reported as a Yes/No response.

YES ☒ NO ☐

State reported data using data other than admission and discharge data.

YES ☐ NO ☒

State reported data using administrative data.

YES ☒ NO ☐

Form T3 - PAGE 4

DATA SOURCE(S)	Source(s):	Department of Mental Health's Management Information System.
DATA ISSUES	Issues: State will need to discuss if information on all arrests is not available.	N/A
DATA PLANS IF DATA IS NOT AVAILABLE	State should provide time-framed plans for capturing arrest data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.	

State:
Missouri

Reporting Period:
From 7/1/2002 To 6/30/2003

FORM T4 - ALCOHOL USE
TREATMENT PERFORMANCE MEASURE
PERCENTAGE POINT CHANGE IN ABSTINENCE (From Admission to Discharge)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIAN / ALASKA NATIVE		MORE THAN ONE RACE REPORTED		UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO	
AGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
11 AND UNDER	40	0	40	0	0	0	0	0	0	0	0	0	0	0	0	0	40	0	0	0
12 - 14	21	35	18	36	35	33	0	0	0	0	0	0	50	0	0	50	22	31	-50	63
15 - 17	27	29	26	30	31	21	0	0	0	0	0	0	15	30	29	25	27	30	37	3
18 - 24	17	20	17	21	14	14	24	0	6	7	15	10	21	0	22	-12	17	20	18	18
25 - 44	20	20	19	20	25	20	30	0	6	-10	31	25	10	-8	12	13	20	20	17	21
45 - 64	20	19	19	19	22	18	0	50	-17	0	28	30	0	0	2	0	20	19	11	22
65 AND OVER	13	33	14	38	14	0	0	0	0	0	0	0	0	0	0	0	13	33	0	0
TOTAL	20	21	19	21	23	19	19	17	15	1	29	22	18	20	14	9	20	21	18	23

Form T4 - PAGE 2

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

T4.1
What is the source of data for this table? (Select all that apply)

☐ Client Self Report
☒ Administrative Data Source ☐ Other: Specify

T4.2
How is Admission/Discharge Basis defined? (Select one)

☐ Admission is on the first date of service, prior to which no service has been received for 30 days
Discharge is on the last date of service, subsequent to which no service has been received for 30 days.
☒ Admission is on the first date of service in a Program/Service Delivery Unit AND Discharge is on the last date of service in a Program/Service Delivery Unit
☐ Other: Specify

T4.3
How was the discharge data collected? (Select One)

☐ Not Applicable, data reported on form is collected at time period other than discharge --> Specify: ☐ In-Treatment data days post admission OR
☐ Follow-up data months
☐ Post admission discharge
☐ Other: Specify

☒ Discharge data is collected for the census of all clients who were admitted to treatment
☐ Discharge data is collected for a sample of all clients who were admitted to treatment
☐ Discharge records are collected or created for all clients who were admitted to treatment
☐ Discharge records are NOT completed for some clients who were admitted to treatment
Specify proportion of clients without a discharge record: %

T4.4
Was the admission and discharge data linked? (Select one)

☒ Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
Select type of UCID: ☐ Statewide ☐ County/Regional ☐ Facility
☐ No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data
☐ No, admission and discharge records were matched using probabilistic record matching

T4.5
Why are you Unable to Report? (Select all that apply)

☒ Not Applicable, data reported above
☐ Information is not collected at Admission ☐ Information is not collected at Discharge
☐ Information not collected by categories requested
☐ State collects information on the indicator area but utilizes a different measure
☐ Other: Specify

Form T4 - PAGE 3

State Description of Alcohol Use Data Collection (Form T4)*

*(See HELP to reference the Interim Standard from the instructions)

GOAL	To reduce substance abuse to protect the health, safety, and quality of life for all.
MEASURE	The change in percentage of all clients receiving treatment who reported abstinence at discharge.
STATE CONFORMANCE TO INTERIM STANDARD	States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

State collects admission and discharge data on alcohol use that can be reported using TEDS definitions.

YES ☒ NO ☐

State reported data using data other than admission and discharge data.

YES ☐ NO ☒

State reported data using administrative data.

YES ☒ NO ☐

Form T4 - PAGE 4

DATA SOURCE(S)	Source(s):	Department of Mental Health's Management Information System.
DATA ISSUES	Issues:	N/A
DATA PLANS IF DATA IS NOT AVAILABLE	State should provide time-framed plans for capturing alcohol use data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.	

State:
Missouri

Reporting Period:
From 7/1/2002 To 6/30/2003

FORM T5 - OTHER DRUG USE
TREATMENT PERFORMANCE MEASURE
PERCENTAGE POINT CHANGE IN ABSTINENCE (From Admission to Discharge)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIAN / ALASKA NATIVE		MORE THAN ONE RACE REPORTED		UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO	
AGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
11 AND UNDER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12 - 14	32	68	34	69	23	42	0	0	0	0	0	0	0	0	0	0	31	70	0	0
15 - 17	26	33	33	38	12	18	0	0	17	0	0	0	0	17	35	0	26	32	28	0
18 - 24	19	21	19	23	16	11	33	67	17	0	25	17	10	52	25	44	19	21	10	11
25 - 44	21	18	19	20	23	13	0	0	38	0	28	32	0	0	19	19	21	18	17	13
45 - 64	24	24	23	22	24	26	0	0	0	0	0	0	0	0	67	0	24	24	38	0
65 AND OVER	10	0	25	0	-17	0	0	0	0	0	0	0	0	0	0	0	10	0	0	0
TOTAL	21	20	20	22	20	14	13	42	30	46	28	34	27	52	35	27	21	20	21	17

Form T5 - PAGE 2

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

T5.1
What is the source of data for this table? (Select all that apply)

☐ Client Self Report
☒ Administrative Data Source ☐ Other: Specify

T5.2
How is Admission/Discharge Basis defined? (Select one)

☐ Admission is on the first date of service, prior to which no service has been received for 30 days
Discharge is on the last date of service, subsequent to which no service has been received for 30 days.
☒ Admission is on the first date of service in a Program/Service Delivery Unit AND Discharge is on the last date of service in a Program/Service Delivery Unit
☐ Other: Specify

T5.3
How was the discharge data collected? (Select One)

☐ Not Applicable, data reported on form is collected at time period other than discharge --> Specify: ☐ In-Treatment data days post admission OR
☐ Follow-up data months
☐ Post admission discharge
☐ Other: Specify

☒ Discharge data is collected for the census of all clients who were admitted to treatment
☐ Discharge data is collected for a sample of all clients who were admitted to treatment
☐ Discharge records are collected or created for all clients who were admitted to treatment
☐ Discharge records are NOT completed for some clients who were admitted to treatment
Specify proportion of clients without a discharge record: %

T5.4
Was the admission and discharge data linked? (Select one)

☒ Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
Select type of UCID: ☐ Statewide ☐ County/Regional ☐ Facility
☐ No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data
☐ No, admission and discharge records were matched using probabilistic record matching

T5.5
Why are you Unable to Report? (Select all that apply)

☒ Not Applicable, data reported above
☐ Information is not collected at Admission ☐ Information is not collected at Discharge
☐ Information not collected by categories requested
☐ State collects information on the indicator area but utilizes a different measure
☐ Other: Specify

Form T5 - PAGE 3

State Description of Other Drug Use Data Collection (Form T5)*

*(See HELP to reference the Interim Standard from the instructions)

GOAL	To reduce substance abuse to protect the health, safety, and quality of life for all.
MEASURE	The change in percentage of all clients receiving treatment who reported abstinence at discharge.
STATE CONFORMANCE TO INTERIM STANDARD	States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

State collects admission and discharge data on alcohol use that can be reported using TEDS definitions.

YES ☒ NO ☐

State reported data using data other than admission and discharge data.

YES ☐ NO ☒

State reported data using administrative data.

YES ☒ NO ☐

DATA SOURCE(S)	Source(s): Department of Mental Health's Management Information System.
DATA ISSUES	Issues: N/A
DATA PLANS IF DATA IS NOT AVAILABLE	State should provide time-framed plans for capturing alcohol use data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

Form T6

State:
Missouri

Voluntary Form T6 - Infectious Diseases Performance Measure

This goal of this form is to determine the degree to which the Single State Agency provides and/or coordinates delivery of appropriate infection control practices within its service system for substance abuse treatment and prevention services. This form is a checklist to be completed by the Single State Agency (SSA). For each item, please check the box that best relates the degree to which that item describes the State Infectious Disease control program/practices. The SSA should develop a method for self-assessment to examine its policies, procedures and services relevant to infectious disease control. The SSA should attempt to use the same self-assessment criteria from year to year.

CHARACTERISTICS DOCUMENTING APPROPRIATE PRACTICES IN INFECTIOUS DISEASES CONTROL

0 1 2 3

☒ ☐ ☐ ☐ 1. Single State Agency (SSA) maintains Memoranda of Understanding (MOU) and/or other formal arrangements with appropriate public health agencies and other social service providers to provide continuum of care for persons with substance use disorders who are also at risk for infectious diseases including screening, assessment, referral and treatment for infectious diseases and preventive practices to control disease transmission.

Specify MOUs and other formal agreements maintained:

Missouri Department of Mental Health, Division of Alcohol and Drug Abuse (ADA) and the Department of Health and Senior Services have worked collaboratively for many years. The departments have co-located staff in the past and currently ADA has a liaison with DHSS that focuses on infectious diseases. The departments will work on formalizing a Memorandum of Understanding.

0 1 2 3

☐ ☐ ☒ ☐ 2. Single State Agency (SSA) or other State agency certification, licensure or contract provisions require infectious disease control procedure/policies (infectious disease control standards) at the provider level.

0 1 2 3

☐ ☐ ☒ ☐ 3. Single State Agency (SSA) or other State agency monitors provider implementation of policies/procedures.

Specify licensure; certification; or contract provisions

Specify authority administering licensure; certification; or contract process

Department of Mental Health

Specify monitoring activities

Specify proportion of programs meeting or exceeding infectious disease control standards during monitoring

%

CHARACTERISTICS OF HUMAN IMMUNODEFICIENCY VIRUS AND TUBERCULOSIS CONTROL ACTIVITY

HUMAN IMMUNODEFICIENCY VIRUS

YES	NO	
☐	☒	Is the State a 'designated State' (i.e. cumulative case rate is equal to or greater than 10/100,000)?

YES	NO	
☐	☒	Was the State a 'designated State' (i.e. cumulative case rate is equal to or greater than 10/100,000) in at least one of the last two years?

YES	NO	
☐	☒	If the State is a 'designated State', have HIV infection procedures been developed by the principal agency for substance abuse in consultation with the State Medical Director and in cooperation with the State Department of Health/Communicable Disease Officer?

Whether or not the State is a 'designated State':

0 1 2 3
☐ ☒ ☐ ☐ 4. Are early intervention services provided at the site where individuals are undergoing treatment.

Specify the number of sites providing early intervention services:

0

If more than one site is indicated, specify number of sites that are located in a rural area.

0

0 1 2 3
☐ ☐ ☒ ☐ 5. Do these sites have established linkages with a comprehensive community resource network of related health and social service organizations.

0 1 2 3
☐ ☐ ☒ ☐ 6. Do State funded substance abuse programs provide on-site or through referral:

(A) Appropriate pre-test and post-test counseling for HIV and AIDS.

(B) testing individuals with respect to such disease, including tests to diagnose the extent of the deficiency, tests to provide information on appropriate therapeutic measures, and for preventing and treating conditions arising from the disease.

(C) providing the therapeutic measures described in (B).

TUBERCULOSIS

0 1 2 3
☐ ☐ ☐ ☒ 7. Are tuberculosis services as described in 45 C.F.R. part 96.127 and 96.121, provided at the site where individuals are undergoing treatment.

0 1 2 3
☐ ☐ ☒ ☐ 8. Have infection control procedures established by the principal agency of the State for substance in cooperation with the State Medical Director and in cooperation with the State Department of Health/Tuberculosis Control Officer which are designed to prevent the transmission of tuberculosis.

Specify the proportion of sites providing screening services directly or through referral:

100%

Specify the proportion of sites identifying those individuals who are at high risk of becoming infected:

100%

Specify the proportion of sites providing case management activities of clients with TB to ensure that individuals receive necessary services:

%

YES	NO	
☒	☐	Have TB procedures been developed by the principal agency for substance abuse in consultation with the State Medical Director and in cooperation with the State Department of Health/Tuberculosis Control Officer?

0	1	2	3	
☐	☐	☒	☐	9. Have effective strategies been developed for monitoring programs compliance with 45 C.F.R. parts 96.121 and 96.127.

Specify the procedures utilized:

YES	NO	
☒	☐	Licensure or program certification standards

YES	NO	
☒	☐	Contract or grant specifications/requirements

YES	NO	
☒	☐	On-site monitoring

YES	NO	
☒	☐	Client records audits

Total: 16

0 - Not Addressed; 1 - Inadequately addressed; 2 - Adequately addressed; 3 - Completely addressed

Total the numbers in the boxes (possible 0-27) and enter the number in the total cell.

Form T6 Footnotes
2) The Department of Mental Health monitors contract compliance on an annual basis.
4) All clients receive risk assessment on-site. Substance abuse treatment providers request community prevention assistance for educational purposes to address risk reduction for education and for specific clients as identified.
5) Community linkages exist between the local substance abuse treatment provider and the local health departments. Specific training is being provided in cooperation with the Department of Health to assure strong linkages statewide.
6) Appropriate pre-testing and post-testing counseling for HIV and AIDS - provided on-site. Testing individuals with respect to such disease - provided through referral. Pre- and post-test counseling may be provided by most substance abuse treatment providers; however, providers do not have contracted practice to test for deficiency and/or therapeutic measures. Consultation with Department of Health providers is necessary to conduct these therapeutic interventions.
7) Contracted providers make TB testing consistently available to all substance abuse clientele.

State:
Missouri

Reporting Period:	
From	To

FORM T7 - SOCIAL SUPPORT OF RECOVERY

PERCENTAGE POINT CHANGE IN INVOLVEMENT IN SOCIAL SUPPORT OF RECOVERY (From Admission to Discharge)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIAN / ALASKA NATIVE		MORE THAN ONE RACE REPORTED		UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO	
AGE	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
11 AND UNDER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12 - 14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15 - 17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 - 24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 - 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 - 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65 AND OVER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Form T7 - PAGE 2

THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE

T7.1
What is the source of data for this table? (Select all that apply)

☐ Client Self Report
☐ Administrative Data Source ☐ Other: Specify

T7.2
How is Admission/Discharge Basis defined? (Select one)

☐ Admission is on the first date of service, prior to which no service has been received for 30 days
Discharge is on the last date of service, subsequent to which no service has been received for 30 days.
☐ Admission is on the first date of service in a Program/Service Delivery Unit AND Discharge is on the last date of service in a Program/Service Delivery Unit
☐ Other: Specify

T7.3
How was the discharge data collected? (Select One)

☐ Not Applicable, data reported on form is collected at time period other than discharge --> Specify: ☐ In-Treatment data days post admission OR
☐ Follow-up data months
☐ Post admission discharge
☐ Other: Specify
☐ Discharge data is collected for the census of all clients who were admitted to treatment
☐ Discharge data is collected for a sample of all clients who were admitted to treatment
☐ Discharge records are collected or created for all clients who were admitted to treatment
☐ Discharge records are NOT completed for some clients who were admitted to treatment
Specify proportion of clients without a discharge record: %

T7.4
Was the admission and discharge data linked? (Select one)

☐ Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID).
Select type of UCID: ☐ Statewide ☐ County/Regional ☐ Facility
☐ No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data
☐ No, admission and discharge records were matched using probabilistic record matching

T7.5
Why are you Unable to Report? (Select all that apply)

☐ Not Applicable, data reported above
☒ Information is not collected at Admission ☒ Information is not collected at Discharge
☐ Information not collected by categories requested
☐ State collects information on the indicator area but utilizes a different measure
☐ Other: Specify

Form T7 - PAGE 3

State Description of Social Support of Recovery Data Collection (Form T7)*

*(See HELP to reference the Interim Standard from the instructions)

GOAL	To improve clients' participation in social support of recovery activities to reduce substance abuse to protect the health, safety, and quality of life for all.
MEASURE	The change in percentage of all clients receiving treatment who reported participation in one or more social and or recovery support activity at discharge.
STATE CONFORMANCE TO INTERIM STANDARD	States are required to detail exactly how this information is collected. Where data and methods vary from interim standard, variance must be described.

State collects admission and discharge data on social support of recovery that can be reported using definitions provided as follows:

Participation in social support of recovery activities are defined as attending self-help, attending religious/faith affiliated recovery or self help groups, attending meetings of organizations other than the organizations described above or interactions with family members and/or friends supportive of recovery.

YES ☐ NO ☒

State reported data using data other than admission and discharge data.

YES ☐ NO ☒

State reported data using administrative data

YES ☐ NO ☒

Form T7 - PAGE 4

DATA SOURCE(S)	Source(s):
DATA ISSUES	Issues:
DATA PLANS IF DATA IS NOT AVAILABLE	State must provide time-framed plans for capturing social support of recovery data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

State:
Missouri

FORM T8: RETENTION

(Length of Stay (in Weeks), Average Number of Services per Client, Proportion of Clients Completing Treatment)

Proportion of Clients by Length of Stay									
TYPE OF CARE	**A. Average Length of Stay**	**B. 1-2 Weeks**	**C. 3-10 Weeks**	**D. 11-20 Weeks**	**E. 21-30 Weeks**	**F. 31-40 Weeks**	**G. 40+ Weeks**	**H. Average Number of Services per Client**	**I. Proportion of Clients Completing Treatment**
MORE THAN ONE LEVEL OF SERVICE RECEIVED	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Detoxification (24 hour Care)									
1. Hospital Inpatient	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
2. Free-standing Residential	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Rehabilitation / Residential									
3. Hospital Inpatient	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
4. Short-term (up to 30 days)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
5. Long-term (over 30 days)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Rehabilitation / Ambulatory									
6. Methadone (Outpatient)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
7. Non-Methadone (Outpatient)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
8. Intensive Outpatient	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
9. Detoxification	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Form P1

State:
Missouri

Reporting Period:
From To

NUMBER OF PERSONS SERVED

count of persons served in
SAPT Block Grant
Funded Services

Persons served in Block Grant funded services include all persons served in prevention programs that receive all or part of their funding through the SAPT Block Grant.

	TOTAL	SINGLE SERVICES	RECURRING SERVICES		TOTAL	SINGLE SERVICES	RECURRING SERVICES		TOTAL	SINGLE SERVICES	RECURRING SERVICES
AGE				**RACE/ETHNICITY**				**GENDER**			
0-4				**American Indian / Alaska Native**				**FEMALE**			
5-11				**Asian**				**MALE**			
12-14				**Black / African American**							
15-17				**Hispanic / Latino**							
18-20				**Native Hawaiian / Other Pacific Islander**							
21-24				**White**							
25-44				**More than one Race**							
45-64				**Others / Unknown**							
65+											
Total				**Total**				**Total**	**0**	**0**	**0**

Form P2

State:
Missouri

Reporting Period:
From To

NUMBER OF SERVICES, BY SERVICE TYPES

count of services in
SAPT Block Grant
Funded Services

Services include all services that are funded in part or whole through the SAPT Block Grant.

Service Type	Single	Recurring	Total
TOTAL SERVICES	**0**	**0**	**0**

Form P3

State:
Missouri

Reporting Period:	
From	To

NUMBER OF EVIDENCE-BASED PROGRAMS AND STRATEGIES

Count of programs in
SAPT Block Grant
Funded Services

Programs include all prevention programs that receive all or part of their funding through the SAPT Block Grant.

	Program Counts by IOM Categories			
Program Name and Source	**Universal Populations**	**Selective Populations**	**Indicated Populations**	**TOTAL**
Other Programs Total				**0**
GRAND TOTAL all programs (NREP and Other)				**0**
Overall Percent Evidence-Based				**0%**
Overall Percent Non-Evidence-Based				**0%**

State:	Race/Ethnicity:	Number of Programs:	SFY:
Missouri	White		From 7/1/2002 To 7/1/2002

☐ Full Census of Participants ☐ Sample of Participants

Form P6: Use of Substances

(Youth): During the past 30 days, how frequently (often) have you used (taken, had, etc.)

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Alcohol																					
Tobacco																					
Marijuana																					
Crack or Cocaine																					
Amphetamine																					
Inhalant																					

Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

State:	Race/Ethnicity:	Number of Programs:	SFY:
Missouri	Black		From 7/1/2002 To 7/1/2002

☐ Full Census of Participants ☐ Sample of Participants

Form P6: Use of Substances

(Youth): During the past 30 days, how frequently (often) have you used (taken, had, etc.)

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Alcohol																					
Tobacco																					
Marijuana																					
Crack or Cocaine																					
Amphetamine																					
Inhalant																					

Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

State:	Race/Ethnicity:	Number of Programs:	SFY:
Missouri	Hispanic		From 7/1/2002 To 7/1/2002

☐ Full Census of Participants ☐ Sample of Participants

Form P6: Use of Substances

(Youth): During the past 30 days, how frequently (often) have you used (taken, had, etc.)

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Alcohol																					
Tobacco																					
Marijuana																					
Crack or Cocaine																					
Amphetamine																					
Inhalant																					

Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

State:	Race/Ethnicity:	Number of Programs:	SFY:
Missouri	Native Hawaiian		From 7/1/2002 To 7/1/2002

☐ Full Census of Participants ☐ Sample of Participants

Form P6: Use of Substances

(Youth): During the past 30 days, how frequently (often) have you used (taken, had, etc.)

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Alcohol																					
Tobacco																					
Marijuana																					
Crack or Cocaine																					
Amphetamine																					
Inhalant																					

Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

State:	Race/Ethnicity:	Number of Programs:	SFY:
Missouri	Asian		From 7/1/2002 To 7/1/2002

☐ Full Census of Participants ☐ Sample of Participants

Form P6: Use of Substances

(Youth): During the past 30 days, how frequently (often) have you used (taken, had, etc.)

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Alcohol																					
Tobacco																					
Marijuana																					
Crack or Cocaine																					
Amphetamine																					
Inhalant																					

Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

State:	Race/Ethnicity:	Number of Programs:	SFY:
Missouri	American Indian		From 7/1/2002 To 7/1/2002

☐ Full Census of Participants ☐ Sample of Participants

Form P6: Use of Substances

(Youth): During the past 30 days, how frequently (often) have you used (taken, had, etc.)

Age				Less than 18						18 - 20						Greater than 20					
	Total N			Male			Female			Male			Female			Male			Female		
	Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po		Pr	Po	
	x	x		x	x		x	x		x	x		x	x		x	x		x	x	
	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T	SD	SD	T
Alcohol																					
Tobacco																					
Marijuana																					
Crack or Cocaine																					
Amphetamine																					
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Pr=Pretest. Po=Posttest. SD=Standard Deviation. Ethnicity=Complete this form for a single ethnic group.
Do not combine groups.
Please indicate mean levels of use at pre-test and post-test. T=Please calculate differences in means and indicate those that are significant.
Source: National Household Survey. Monitoring the Future.

Missouri

Description of Calculations

Description of Calculations:

In a brief narrative, provide a description of the amounts and methods used to calculate the following: (a) the base for services to pregnant women and women with dependent children as required by section 1922(c)(1); and, for 1994 and subsequent fiscal years report the Federal and State expenditures for such services; (b) the base and Maintenance of Effort (MOE) for tuberculosis services as required by section 1924(d); and, (c) for designated States, the base and MOE for HIV early intervention services as required by section 1924(d) (See 42 U.S.C. 300x-52 and 45 C.F.R. 96.122(f)(5)(ii)(A)(B)(C)).

TB SERVICES

The state has requested technical assistance for this item. Information will be provided at a later date.

HIV EARLY INTERVENTION SERVICES

Missouri has not been a designated state for HIV/AIDS since FFY 1998; however, the Department of Mental Health continues to maintain the same level of funding for HIV/AIDS services. These HIV/AIDS services include a HIV risk assessment being conducted on all individuals entering a Department of Mental Health substance abuse treatment service program. Individuals who show a high level of risk associated with HIV/AIDS are offered pre-test counseling. HIV/AIDS testing is offered at approximately ten local substance abuse treatment sites within the state, or coordinated with local health departments if not available at the treatment site. Anyone testing positive for HIV/AIDS is offered post-test counseling as part of their treatment plan.

The Division used the following method to calculate the estimated level of non-Federal expenditures for HIV Early Intervention Services made available to individuals receiving substance abuse services during SFY 2004. Prior to SFY 1993 this information is not available.*
*The HIV MOE base is calculated using data from SFY93 & SFY94.

The Department of Mental Health Purchase of Service (POS) system captures services delivered to clients by service code. The payments for service codes for HIV Early Intervention Services at treatment centers where on-site blood testing for HIV is available to clients were summed and segregated by funding source (Federal Block Grant and Non-Federal or State Funds).

PREGNANT WOMEN AND WOMEN WITH DEPENDENT CHILDREN

The Division used the following method to calculate the amounts for the base and subsequent years for services to pregnant women and women with dependent children. The Department of Mental Health Purchase of Service (POS) system captures services delivered to clients by service code. For the base year of 1992, all payments for services to women at programs meeting the requirements of Section 1922 © and Section 96.124 (e) were summed and segregated by funding source (Federal Block Grant and Non-Federal or State Funds). The total expenditures on these qualified women's programs were $9,430,672 for FFY 2003 and $9,902,206 for FFY 2004. This amount is greater than the required expenditures of $7,728,020.

Missouri

2. How Substance Abuse Funds Were Used

[No Current Narrative Information]

Missouri

Goal #1: Continuum of Substance Abuse Treatment Services

GOAL # 1.-- The State shall expend block grant funds to maintain a continuum of substance abuse treatment services that meet these needs for the services identified by the State. Describe the continuum of block grant-funded treatment services available in the State (See 42 U.S.C. 300x-21(b) and 45 C.F.R. 96.122(f)(g)).

FY 2002 (Compliance):

FY 2004 (Progress):

FY 2005 (Intended Use):

FY 2002 (Compliance):

A wide variety of Division funded and supported recovery services are located throughout the state. The Division contracts for all treatment services to community providers in a competitive bid process. In FY 2002, 41,388 clients were admitted to substance abuse treatment programs.

Brief descriptions of our continuum of substance abuse treatment services are listed below.

Detoxification
In the first step to recovery, detoxification, the individual is assisted in withdrawing from alcohol or drug addiction in a safe, supportive environment. Detoxification programs include social setting and modified medical detoxification.

Residential Rehabilitation
In a residential treatment program, a person receives around-the-clock care, seven days a week. Rehabilitation includes assessment, individual and group counseling, family counseling, participation in self-help groups, and other supportive measures designed to help a person live an alcohol and drug-free life.

Outpatient Rehabilitation
Persons whose substance abuse is less severe or chronic do not require residential settings for treatment. Outpatient rehabilitation also is designed for persons who have graduated from residential programs and need follow-up and after-care services, counseling, and referral to support groups.

CSTAR
The Comprehensive Substance Abuse Treatment and Rehabilitation Program (CSTAR) is a unique approach to substance abuse and addiction treatment. It offers a flexible combination of clinical services, living arrangements and support services that are individually tailored for each client. The CSTAR model was developed by Missouri's Division of Alcohol and Drug Abuse and is funded by Missouri's Medicaid program and the Division's purchase-of-service system. In the past, inpatient or residential treatment temporarily removed a person from the problem environment with little or no follow-up care. CSTAR focuses on providing a complete continuum of recovery services, including extended outpatient services, in the community and, where possible, close to home.

CSTAR Women's Treatment Programs
Substance abuse affects women differently than men, both physically and psychologically. Pregnant women and women with children are the priority population for this program. Single women may enter specialized women's CSTAR treatment programs also. These programs provide a complete continuum of treatment services and housing supports tailored to the unique needs of women and children.

CSTAR Alt-Care Programs in Kansas City and St. Louis are specifically designed for female offenders. Probation and parole officers on on-site to track and support women in treatment.

CSTAR Adolescent Treatment Programs
Early intervention, comprehensive treatment, academic education, and aftercare are important in averting chronic abuse and accompanying problems that might otherwise follow a young person for a lifetime. The specially trained staffs of adolescent CSTAR programs utilize individual, group and family interventions.

CSTAR General Population Programs
These outpatient programs offer all three levels of care for Medicaid male and female clients.

Opioid Treatment Programs
The Opioid (methadone) Treatment Program (OTP) is designed for medically supervised with-drawl from heroin and other opiate drugs, followed by ongoing treatment and rehabilitation for addiction and related life problems. Missouri's OTP meets federal guidelines for such programs.

FY 2004 (Progress):

The Division has continued to contract for substance abuse treatment services in the community. The continuum of care has been sustained. In FY 2004, 32,786 publicly funded clients were admitted to substance abuse treatment programs.

In 2004, the Division restructured seven Primary Care contracts to Primary Care Plus to encourage increased length of time in outpatient treatment. Additional services were added to the package such as relapse prevention and vocational supports to enhance the treatment and recovery options for clients.

FY 2005 (Intended Use):

The Division will continue to contract for the array of services currently provided. Innovative and evidence based approaches will continue to be reviewed for implementation in Missouri's substance abuse treatment continuum of care.

Missouri

Goal #2: 20% for Primary Prevention

GOAL # 2.-- An agreement to spend not less than 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse, specifying the activities proposed for each of the six strategies (See 42 U.S.C. 300x-22(b)(1) and 45 C.F.R. 96.124(b)(1)).

FY 2002 (Compliance):

FY 2004 (Progress):

FY 2005 (Intended Use):

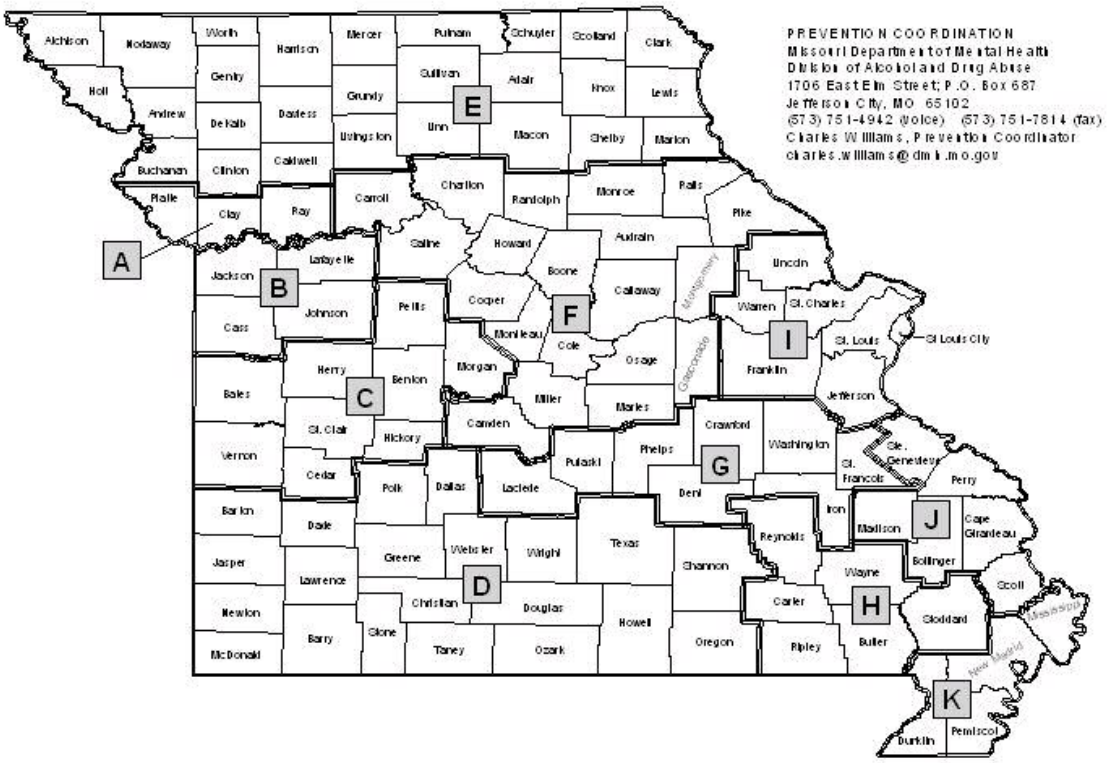
PRIMARY PREVENTION PROGRAM

Missouri's primary prevention program is administered under the direction of the Department's Director of Prevention Services and professional staff of the central and regional offices. The program is built on the Missouri Substance Abuse Prevention Resource Network, an infrastructure of 11 Regional Support Centers (RSC) and the Statewide Training and Resource Center (STRC) operated by the ACT Missouri, the school-based, Missouri SPIRIT, and community-based prevention programs. The map and accompanying program list below show the name and location of the network member agencies and the areas they serve. The RSCs provide training, technical assistance, and capacity-building services to local community partnerships, coalitions, and task forces. These teams and coalitions are comprised of local citizen volunteers who address the substance abuse issues of their communities. Centralized resource sharing is accomplished through the Statewide Training and Resource Center (STRC).

MISSOURI DEPARTMENT OF MENTAL HEALTH

Division of Alcohol and Drug Abuse

Missouri Substance Abuse Prevention Resource Network



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rcsmlMarcolewreg_sup_ch - August 4, 2004

The Missouri Student Survey, initially developed and administered in 2000 through the Prevention Needs Assessment, was replicated in 2002 and 2004 by the Missouri Institute of Mental Health (MIMH) through a contract

with the Division of Alcohol and Drug Abuse. The survey was administered in February 2002 to over 12,000 Missouri public school students in grades 6, 8, 10, and 12. Descriptions of methodology and procedures, and changes therein, can guide subsequent biennial administration of the survey. The results represent the statewide findings of data obtained from participating students about the prevalence of alcohol, tobacco, and other drug use, and identifying risk and protective factors. These results may be useful in planning and implementing prevention programs and services. In addition, a comprehensive website continued to provide information to schools, parents, professionals, and the community The 2004 survey set a precedent by creating a single survey instrument for the Department of Elementary and Secondary Education and the Division administered to all 524 school districts.

The Missouri School-based Prevention and Intervention Initiative (SPIRIT) introduces proven, evidence-based strategies to reduce individual-peer and school risk factors; increase protective factors; reduce the incidence and prevalence of alcohol, tobacco, and other drug use and abuse and incidences of school violence; and improve school performance. Beginning with the 2002-2003 school year, the Division partnered with the Department of Elementary and Secondary Education to pilot Missouri SPIRIT in five school districts. The Division will work with one of the Missouri SPIRIT sites to initiate planning to implement proven, evidence-based "family strengthening" strategies to reduce risk factors associated with parent and individual-peer domains. Strategies will include implementation of the family and community components of the school-based curricula, school-based screening and referral, and implementation of other complementary, evidence-based strategies and programs.

Missouri's targeted prevention program has two components: a high risk youth initiative and community-based prevention services for youth. The high-risk youth initiative provides a broad array of prevention programming in designated areas of the state. Programming includes traditional after school alternative activities, youth development activities and racial/ethnic cultural activities. Existing programming continued to implement the evaluation component to meet current evidenced-based principles for effective prevention. The Division is addressing this issue by including the U.S. Department of Education's Principles of Effectiveness in these contracts, effective July 1, 2002, in support of our move to statewide implementation of evidence-based programming.

The Division contracts with the University of Missouri-Columbia to establish a state-wide coalition called Partners in Prevention composed of 12 public institutions of higher education in Missouri and relevant agencies (Missouri Division of Liquor Control and the Missouri Division of Highway Safety) to collaboratively develop strategies for reducing and preventing high-risk drinking among Missouri's college students. The coalition encourages and nurtures collaboration among colleges and state agencies and creates partnerships that will result in systemic change in the environment.

In FFY 2004, the Division continued to fund five contracts totaling $600,000 to implement evidence-based community programs for youth. This reflects the state's commitment to develop an evidence-based prevention services system. Significant among these awards is a $300,000 contract to Missouri Alliance of Boys and Girls Clubs to implement Smart Moves in 14 communities in all areas of the state.

In FFY2001, the Division developed a strategic plan that focused on early onset of alcohol, tobacco, and other drug use; underage drinking of alcoholic beverages; binge drinking of alcoholic beverages; and adolescent suicide. The strategic plan was continued in FFY 2002. In FFY2003, under the direction of the Division, the Prevention Workforce Development Task Force developed and implemented a workforce survey of the Single State Agency's prevention field. One of the key findings of the survey was that the prevention field in the state of Missouri needs to be professionalized. In FFY2004, the Division began developing a system of credentialing and recognition of prevention professionals.

INFORMATION

FFY2002 Compliance

The Division supported the resource network involvement in health and prevention fairs, parades, and resource fairs as well as other numerous team events where information on alcohol, drugs, and tobacco use and abuse are disseminated to community members. Other national prevention programs such as Red Ribbon Week, World No Tobacco Day, Kick Butts, Great American Smoke Out, 3-D Month, and Alcohol Awareness Month were

opportunities for Regional Support Centers and community coalitions to provide information about ATOD to community members. Support Center staff continued to make presentations to area civic groups at the local community levels.

During FFY2004, The Division continued to support community capacity building. Websites and newsletters were also developed to assist in assessment, planning, and implementation of evidence-based prevention.

The SSA continued as a pilot state for the Minimum Data Set-3 (MDS-3). In order to support sustainability, the MDS-3 is administered through a state server.

Partners in Prevention (PIP) published a newsletter titled "Journeys". The newsletter is published quarterly. The newsletter is sent to approximately 200 people across the state affiliated with colleges and universities, local agencies, and community teams.

The Division's Regional Alcohol and Drug Awareness Resource (RADAR) network located in Jefferson City, Kansas City, and St. Louis, made available current prevention information to prevention practitioners at the state and community levels. In addition to the RADAR network, the Missouri Substance Abuse Prevention Resources Network supported local communities by providing information to community coalitions and teams about preventing teen alcohol, tobacco, and drug use and interventions for high risk groups. Several regional support centers published newsletters and produced websites that provided information to their community coalitions about community capacity building and important facts about alcohol, tobacco, and other drugs. They also showcased community success stories which help motivate communities with similar circumstances and problems.

FFY2004 (Progress):

The Division continues to support Regional Support Centers in providing information on legislative updates, team leaders meetings, grant and funding information, and conference and workshop information to community coalitions.

Merchant education materials are developed yearly and distributed to the Regional Support Centers for dissemination during the annual tobacco merchant education campaign. A merchant training manual was developed based on the U.S. Department of Health and Human Service's "Best Practices for Responsible Retailing" Conference Edition Draft. The document focused on helping retailers with the comprehensive training of sales personnel. Approximately 6,000 tobacco retailers were notified through a letter that this document was available for their use. Regional Support Centers developed a training plan based on this document and during the campaign informed retailers of the availability of technical assistance and training for their employees. Several support centers have partnered with the Division of Liquor Control and have provided training to vendors in their region.

The Division's RADAR network continues to make available current prevention information to prevention practitioners at the state and community levels. In addition to the RADAR network, the Missouri Substance Abuse Prevention Resources Network supports local communities by providing information to community coalitions and teams about preventing teen alcohol, tobacco, and drug use and interventions for high risk groups.

In FFY2004, the Division continued a radio and television counter-marketing campaign focused on underage drinking. The Division developed television and radio ads targeting teenagers and a radio ad targeting parents of teenagers and other adults. Also, an ad targeting parents was licensed from FACE. The PSAs created from the "Alcohol Is It Worth It?" campaign was recognized as a Telly Award recipient.The campaign was supported by SAPT and other appropriate funds.

In FFY 2004 the Division also created a prevention website targeting the public. Risk and Protective factors are utilized and examples of focus topics include: alcohol, marijuana, underage drinking, suicide, and Fetal Alcohol Syndrome Disorder

FFY 2005 (Intended Use)

The Division will continue supporting Regional Support Centers in providing information on legislative updates, team leaders meetings, grant and funding information, and conference and workshop information to community coalitions. Plans are to continue developing information pertaining to the state law and retailer training for merchants who sell tobacco products.

The Division's RADAR network will continue to make available current prevention information to prevention practitioners at the state and community levels. In addition to the RADAR network, the Missouri Substance Abuse Prevention Resources Network will continue to support local communities by providing information to community coalitions and teams about preventing teen alcohol, tobacco, and drug use and interventions for high risk groups.

EDUCATION

FFY2002 (Compliance)

The Regional Support Centers assigned to each team a Prevention Specialist who was responsible for educating team members. New team members are oriented as they come on board. The teams are provided updates on public policy issues, legislation, substance abuse programs, and exemplary prevention initiatives through regional workshops and contact with the Prevention Specialists. Regular in-service training programs were offered to the Prevention Specialists to increase their skills in helping teams develop new knowledge and understanding of effective prevention strategies. The Statewide Training and Resource Center provided training and technical assistance to help build community coalitions' capacity to implement prevention interventions relating to prevention of tobacco, alcohol, and other drug abuse to all 11 Regional Support Centers and the community coalitions. The STRC developed a quarterly training plan for the division's regional support centers. The main focus for training was community capacity building, and assessment and work plan reporting.

The Division purchased tobacco retailer education materials which were disseminated to each Regional Support Center so their staff and volunteers could distribute them during the months of March through July 2002. Approximately $30,000 was allocated to purchase a variety of educational and promotional items that were given at each retailer visit. Included among the purchased items were: promotional pens, tri-fold brochures explaining the state law, signage, and tobacco stickers.

FFY 2004 (Progress)

The Division continued to participate in the Perinatal Substance Abuse Advisory Committee. It is a state-wide interagency collaboration committed to ensuring the health and welfare of pregnant and postpartum women, children and their families. The Committee identifies local and state substance abuse issues and resources, provides and promotes public and professional education, monitors compliance of RSMo 191 (Senate Bill 190), and fosters communication of stakeholders through active networking. Other state agencies involved are the Missouri Department of Health, Missouri Department of Social Services, Division of Family Services, and the Missouri Department of Elementary and Secondary Education.

The Director of Prevention was the lead writer of a grant that will enable Missouri to develop and implement a comprehensive prevention effort, encompassing multiple risk domains and utilizing a range of preventive interventions in order to increase public awareness of the risks associated with any level of drinking while pregnant; enhance ability and effectiveness of healthcare providers and other providers of services to women of childbearing age to screen for and respond to alcohol consumption; enhance effectiveness of referrals for and intervention with pregnant women whose fetuses are exposed to alcohol; effect an absolute reduction in the rate of alcohol-exposed births and to enhance coordination of services planned for and delivered to this population by various state agencies. The FAS prevention grant proposal will focus on approximately two-thirds of the state excluding the metropolitan areas of Kansas City and St. Louis. Seventy-one of the 115 counties comprise this catchment region. Data from the 2000 census and Department of Health and Senior Services (DHSS) indicate that this geographic area has at least 500,000 childbearing-age women, ages 12-44. The grant was awarded FFY2004.

The Division worked closely with the DHHS to build the capacity of Missouri's communities to decrease the age of initiation of youth tobacco use and reduce adult use through building community capacity. The Division was an

active member of the DHHS's Comprehensive Tobacco Use Prevention Steering Committee. The purpose of the steering committee was to build a strategic plan to develop effective statewide programs to reduce tobacco use initiation, increase cessation, reduce exposure to environmental tobacco smoke and reduce disparities.

The Division of Alcohol and Drug Abuse's 11 Regional Support Centers conducted statewide merchant education visits between the months of February and June 2004. During the month of February, the Support Centers contacted each retailer to verify whether they were selling tobacco products and to update the outlet name and address. The Support Centers used this updated list to conduct their merchant education visits. The purpose of the visits was to provide information and education regarding the state's law on youth access to tobacco products. Each retailer received one visit a month. Approximately 20,268 contacts were completed.

The Missouri SPIRIT evaluation team lead by Carol Evans of MIMH developed protocols, instruments, and procedures for assessing implementation and impact of Missouri SPIRIT. The team conducted meetings with each district and contractor; consent and assent forms were developed, approved, and distributed; districts agreed to making individual student data (e.g., attendance records, achievement test scores) available to the evaluation team; and a data collection manual was developed and distributed. Fidelity instruments were reviewed and revised to obtain information from teachers/providers pertaining to curricula dosage and modifications to program materials.

The Division continued work towards a prevention newsletter and web site during this fiscal year.

The Division continued to provide training, education, technical assistance to community coalitions through the Missouri Substance Abuse Prevention Resources Network. The Division continues to move toward greater accountability through focusing training, education, and technical assistance as targeted prevention initiatives based on CSAP's best practice recommendations. The Division's goal is to use the workforce development plan as a guide for training Missouri's prevention professionals.

In FFY2004, under the direction of the Division, the Prevention Workforce Development Task Force developed and implemented a workforce survey of the Single State Agency's prevention field. One of the key findings of the survey was that the prevention field in the state of Missouri needs to be professionalized.

The Missouri SPIRIT program is progressing. Training took place this fiscal year. District and contractor staffs were trained in implementation of Positive Action for Living (PA) in July; a training of trainers for PA also took place in July. These training events were supported by CSAP. Project staff from Preferred Family Healthcare attended training in the implementation and training of Peace Builders, which is being implemented in Knox County and Carthage. Project staff from the Community Partnership of the Ozarks (CPO) trained Knox County teachers and contractor staff in implementation of the Life Skills Training curriculum. Project staff from Preferred trained Carthage teachers and contractor staffs in implementation of the Peace Builders curriculum. Project staff from NCA-St. Louis trained New Madrid County teachers and contractor staffs in implementation of Positive Action curriculum.Trainers from Reconnecting Youth provided implementation training for school and contractor staffs November 12-16 in Jefferson City.

The Statewide Training Resource Center developed an annual training plan for FFY 2004. Their annual conference, Prevention Forces in the Field, Strengthening Families and Communities in Stressful Times, conducted July 23-24, 2003 in Kansas City, Missouri featured sessions such as making healthy connections between life and work, focusing on the importance of results and measurable outcomes, locating hidden sources of grant funding and writing persuasive successful grant applications, and learn to better articulate the visions we share.

FFY 2005 (Intended Use)

The Division will continue to provide training, education, and technical assistance through the Missouri Substance Abuse Prevention Resources Support Network. Training, technical assistance, community development, program development, and consultation will continue through ADA regional offices, the regional support centers, the statewide resource center, and by collaboration with other agencies and organizations. As the Division moves towards greater accountability, the focus of training, education, and technical assistance will be targeted prevention initiatives based on CSAP's best practice program recommendations.

Prevention plans for FFY2005 will focus on the continued development and service to the Missouri Substance Abuse Resources Network, formerly known as the Community 2000 program.

The Division will continue its collaboration with the Department of Health and Senior Services (DHSS) on building community capacity and developing local programs to prevent tobacco use.
The Division will continue to focus on collaborating with the DHSS in a campaign to reduce youth tobacco initiation. Plans are to target those areas of the state with the highest rates of youth tobacco use.

One of the key findings of the workforce survey was the prevention field in the state of Missouri needs to be professionalized. In FFY2005, the Division will continue the development of a system of credentialing and recognition of prevention professionals. The Division will continue work on identifying prevention staff on a state-wide level. Key individuals from other departments have been asked to participate in this initiative. The Division anticipates continued support by the Division's SW CAPT liaison.

Missouri Spirit will move into its third year of implementation. All districts are enthusiastic about moving forward in the third year. Antidotal reports of changes in behavior in the classroom will continue.

MOBILIZATION

FFY 2002 (Compliance):

There are approximately 190 community coalitions that are registered with the Division. Sustainability and capacity building were the focus of the regional support centers in SSA FY2002. They surveyed community coalitions using the "Assessing Community Coalitions Assessment" developed by ACT Missouri. The survey helps coalitions identify their strengths and needs. This document guided the support centers in determining the types of training and technical assistance their coalitions needed in order to grow and develop. The assessment addresses the following areas: strategic thinking, broad diverse community membership, coalition leadership, diversified funding sources, training, and evaluation. Regional Support Centers worked with local coalitions are prioritizing their goals based on the outcomes of this assessment. Local teams are encouraged to work with other prevention-related teams and task forces, including Caring Community partnerships, C.H.A.R.T. teams (Health Department), and Community Betterment and Development teams (Dept. of Economic Development).

FFY 2004 (Progress):

The Regional Support Centers continued to assist local teams, task forces and coalitions in developing the skills necessary for effective functioning. The support centers used a community assessment tool to survey their community coalitions in their service areas. This tool identified areas that the coalitions need to work on to become more effective in making changes in their community. The number of coalitions has remained consistent at approximately 190. In addition to youth-based coalitions, culturally specific communities such as Deaf, Native American, and Hispanic have coalitions.

FFY 2005 (Intended Use)

The Regional Support Centers will continue to assist local teams, task forces and coalitions in developing the skills necessary for effective functioning. The support centers will continue using a new annual training and technical assistance plan in FFY 2005. This plan includes the coalition training needs self assessment, coalition assessment worksheet, team work plan, summary of needs, goals and objectives, team monthly service strategies report, team monthly service report, and a support center monthly report. Due to reductions in state General Revenue, the extent of mobilization activities will be markedly reduced. The Division will continue to develop the knowledge and skills needed concerning risk and protective factors and provide accountability through research-based best practice models.

ALTERNATIVES

FFY2002 (Compliance):

Community coalitions and community-based providers offered alternative prevention activities throughout the year. Resources to support alternative activities in the plans were made available through funding sources provided by the Division of Alcohol and Drug Abuse and through the consultant bank. The community coalitions were provided access to resources for the support of local team action plans through a consultant bank. The consultant bank provided support for outside consultants to assist teams in developing alternative activities, training and program development, or consultation and technical assistance related to specific problem areas. During FY2004, 42 consultant bank requests from the teams were approved as a resource to alternative activities. The Division supported over 190 local community coalition activities which promoted healthy alternatives to alcohol, tobacco, and other drug use.

FFY2004 (Progress):

In addition to the support for local community coalition activities which promote healthy alternatives to alcohol, tobacco, and other drug use, the Division is moving toward greater measurement of results and the implementation of best practice prevention programs. Community coalitions provide alternative prevention activities throughout the year based on the annual community team action plan. A consultant bank provided support for outside consultants to assist teams in developing alternative activities, training and program development, or consultation and technical assistance related to specific problem areas. During FFY 2004, over 40 consultant bank requests from the teams were approved as a resource to alternative activities. Another resource for communities was provided through minigrants. Approximately 63 awards ranging from $10,000 to $5000 were distributed under the categories of capacity building, model programs, and community norms. The average award was approximately $6350.

FFY2005 (Intended Use)

The goal remains the same for this year. Community coalitions are encouraged to provide alternative activities and can apply for a regional development fund to do so. The support centers are encouraged to move coalitions from alternative activities to education and eventually to implementation of best practice prevention programs. It is recognized that there will always be some coalitions who are only comfortable doing alternative activities and have no desire to do anything else. Limited funds will be available for this type of coalition.

The goal of the Missouri Project to Eliminate Fetal Alcohol Syndrome FAS (MOPEFAS) is to develop and implement a comprehensive prevention effort encompassing multiple risk domains and utilizing a range of preventive interventions. One of those interventions is enhanced effectiveness of referrals for and interventions with pregnant women whose fetuses are exposed to alcohol. In addition to the support for local community coalition activities which promote healthy alternatives to alcohol, tobacco, and other drug use, the Division will move towards greater measurement of results and the implementation of best practice prevention programs.

ENVIRONMENTAL (SOCIAL POLICY)

FFY2002 (Compliance):

Information on social policy issues was provided to teams via the "ACTION" newsletter of ACT Missouri. The network of community coalitions were involved at the local district levels and at the state level (by testifying before legislative committees). Community team members were involved in legislation related to zero tolerance for youth alcohol and driving, increased excise taxes on alcoholic beverages, legalization of marijuana for medical use, and methamphetamine production.

Community teams also acted as change agents by educating teens about alcohol use and developing strategies for changing both laws and taxation policies related to alcohol. These efforts were in conjunction with ACT Missouri's Robert Wood Johnson Underage Alcohol Use grant.

The Division continued to participate on the Perinatal Substance Abuse Advisory Committee. It is a state-wide interagency collaboration committed to ensuring the health and welfare of pregnant and postpartum women, children and their families. The Director of Prevention was the lead writer of a grant that will enable Missouri to develop and implement a comprehensive prevention effort, encompassing multiple risk domains and utilizing a

range of preventive interventions in order to increase public awareness of the risks associated with any level of drinking while pregnant and effect an absolute reduction in the rate of alcohol-exposed births and effect changes in public policy in order to enhance coordination of services planned for and delivered to this population by various state agencies.

Missouri Partners in Prevention (PIP) is a coalition comprised of representatives from each of Missouri's twelve (12) public universities. PIP's goal is to reduce binge drinking among Missouri's college students by three percentage points from FFY2000 baseline data. The proposed strategies are dissemination of information, prevention education, alternative activities, community based processes, environmental approaches, and problem identification and referral. The coordinator of Partners in Prevention has met with the Law Enforcement Steering Committee on a regular basis. Social norming campaigns continued to be a priority on the college campuses.

FFY2004 (Progress):

"Alcohol. Is it worth it?" is a comprehensive, broadcast media ad campaign targeting non-urban high school-aged youth, parents, and other adults. The campaign consisted of eight different, themed ads in the campaign (five television and three radio); plus one television PSA targeting late teenage party-goers. The boys and girls campaign used paid placement on prime time television and radio with high youth viewer/listener numbers, including shows like "Survivor," "Fear Factor," and "Everwood;" and Top 40 and Hot Country radio stations. First Lady Lori Hauser Holden, Co-chair of the Leadership to Keep Children Alcohol Free, did a radio ad targeting parents who allow kids to drink in their homes. The campaign ran from February to May, 2003. However, all stations are able to run the ads as PSAs for as long as they want.
The campaign primarily targets youth and adults outside of the St. Louis and Kansas City metropolitan areas, since that is where survey data indicates that underage alcohol use is highest.The campaign was recognized as a Telly Award recipient.

The members of Missouri Partners in Prevention (PIP) met on a monthly basis to discuss issues and concerns regarding alcohol use/abuse by students at their local university. PIP is housed in the Wellness Resource Center/ADAPT at the University of Missouri-Columbia.

Each of the member universities conducted the CORE Institute Alcohol and Drug Survey of a random sample of students. The survey was administered to a random sample of 5% of each school's population. The CORE was administered between February-May, 2003. The statewide summary indicates that alcohol use among theses schools is high. About 48% of students reported engaging in binge drinking behavior at least once within a two-week period. Two-thirds (66%) of Missouri college students stated that they used alcohol before the age of 18.

FFY2005 (Intended use):

- Continue providing the teams with information on prevention through the ACT Missouri newsletter.
- Missouri Partners in Prevention goal remains the same as in FFY2003. The members of PIP will continue meeting on a monthly basis to discuss issues and concerns regarding alcohol use/abuse by students at their local university. PIP is housed in the Wellness Resource Center/ADAPT at the University of Missouri-Columbia.
- Plans for running "Alcohol. Is it worth it?" are being made for the FFY2005.

PROBLEM IDENTIFICATION AND REFERRAL

FFY2002 (Compliance)

The Division continued to identify and respond to substance abuse-related problems of young children of women who are in treatment for substance abuse.

FFY2004 (Progress)

The Division provided age-appropriate, developmentally-based support services for children to break the cycle of

inter-generation substance abuse. Screenings were conducted for each child under age 12 whose mother was admitted for residential treatment for substance abuse. The record documents the child's developmental, physical, emotional, social, educational, and family background and current status. If indicated by the screening, a qualified staff member completed an assessment. The assessment determined the appropriate therapeutic services to guide the development of an individualized treatment plan.

All programs providing specialized services to women and children address therapeutic issues relevant to children. Services are provided by staff who are qualified in child development, and who are knowledgeable about substance abuse prevention. Age appropriate activities, training, and guidance are offered on the following goals: to build self-esteem, to learn to identify and express feelings, to build positive family relationships, to develop decision making skills, to understand chemical dependency and its effects on the family, to learn and practice nonviolent ways to resolve conflict, to learn safety practices such as sexual abuse prevention and to address developmental needs. These activities were provided to enhance the social and family functioning and to increase resilience.

FFY2005 (Intended Use)

The Division will continue to identify and respond to substance abuse related problems of young children with mothers receiving treatment for substance abuse. As the Division moves towards best practice models, the appropriate programs will be reviewed to determine viability. As a partner with DHSS for a CDC FASD prevention grant, screening of children of mothers receiving treatment will be administered. Additionally, Motivational Interviewing techniques and the Personal Choices model program will be implemented.

Problem identification and referral is a component of SPIRIT and will be carried out by providers in collaboration with school districts.

Missouri

Goal #3: Pregnant Women Services

GOAL # 3.-- An agreement to expend not less than an amount equal to the amount expended by the State for FY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children; and, directly or through arrangements with other public or nonprofit entities, to make available prenatal care to women receiving such treatment services, and, while the women are receiving services, child care (See 42 U.S.C. 300x-22(b)(1)(C) and 45 C.F.R. 96.124(c)(e)).

FY 2002 (Compliance):

FY 2004 (Progress):

FY 2005 (Intended Use):

FFY 2002 (Compliance):

The Division has maintained the delivery of specialized CSTAR services to pregnant women and mothers with dependent children. Missouri continues to offer CSTAR services to women and children suffering from the effects of substance abuse. CSTAR comprehensive programs allow women and their children to receive multiple levels of care depending on assessed need. CSTAR programs are available in each region of the state. The Division has maintained policies which require priority services for pregnant women. In FFY 2003, 307 pregnant women entered treatment upon request and received prenatal care and referrals in accordance with the requirements in the CSTAR Certification Standards and contract requirements. Nursing services are available at the program site and a community support worker assists the client with necessary medical referrals and scheduling of appointments. Childcare is provided on-site or arranged at all CSTAR programs specializing in treatment of women and children. Contract monitoring and certification surveys include a review that pregnant women are receiving first priority for services, that pregnant women are receiving prenatal care and that children are receiving safe and appropriate childcare. Monitoring schedules are current, and programs are in compliance.

FFY 2004 (Progress):

The Division continues to provide specialized CSTAR services for pregnant women and women with dependent children.

FFY 2005 (Intended Use):

The Division will continue to provide specialized CSTAR services for pregnant women and women with dependent children. The monitoring of programs will continue to be completed annually. An annual Safety and Basic Assurance Review will be completed annually for each agency that includes a review of contract, certification and billing requirements. A certification survey will be completed every three years for each agency.

Missouri

Goal #4: IVDU Services

GOAL # 4.-- An agreement to provide treatment to intravenous drug abusers that fulfills the 90 percent capacity reporting, 14-120 day performance requirement, interim services, outreach activities and monitoring requirements (See 42 U.S.C. 300x-23 and 45 C.F.R. 96.126).

FY 2002 (Compliance):

FY 2004 (Progress):

FY 2005 (Intended Use):

FY 2002 (Compliance)

The Division has included block grant intravenous drug abuser treatment requirements in Division awarded contracts. Compliance has been consistently monitored with the certification survey process and the annual contract compliance audits.

FFY 2004 (Progress):

The Division has utilized its Area Treatment Coordinators to monitor provider contract compliance. Regional staff has been trained to understand the requirements and to apply them to substance abuse treatment programs. Agencies found to be out of compliance were identified and an action plan to achieve contract compliance was required. Technical Assistance consultation and focused compliance reviews were applied to those treatment agencies serving large numbers of intravenous drug users to ensure consistent compliance and provision of high quality of service to the high risk intravenous substance abuser clientele. Provider staff received technical assistance to encourage utilization of effective targeted treatment interventions with high risk intravenous drug abusers.

FFY 2005 (Intended Use):

Annual Safety and Basic Assurance Reviews conducted by regional staff will continue to monitor treatment agency compliance with block grant requirements for intravenous substance abusers. Agencies out of compliance will be identified and an action plan to bring the contracted provider into compliance will be required. Contract compliance monitoring will continue to include consistent provider application of these screening and intervention techniques to reduce the risk of infectious and blood borne communicable diseases which include TB, HIV/AIDS, STDs and Hepatitis.

Collaborative regional cross-training with the Department of Health and Senior Services will address utilization of effective targeted prevention and treatment interventions to ensure that infectious and blood borne communicable diseases which include TB, HIV/AIDS, STD’s and Hepatitis are adequately addressed.

Special consultation, technical assistance, and consistent review will continue to be applied to those treatment agencies serving large numbers of intravenous drug users to

ensure compliance and their quality of service.

Missouri

Goal #5: TB Services

GOAL # 5.-- An agreement, directly or through arrangements with other public or nonprofit private entities, to routinely make available tuberculosis services to each individual receiving treatment for substance abuse and to monitor such service delivery (See 42 U.S.C. 300x-24(a) and 45 C.F.R. 96.127).

FY 2002 (Compliance):

FY 2004 (Progress):

FY 2005 (Intended Use):

FFY 2002 (Compliance)

The Division continued to work closely with the Missouri Department of Health and Senior Services to access current information, trends and training related to the prevention and treatment of tuberculosis in high risk groups. The Division required contracted treatment providers to maintain effective linkages with local health resources to facilitate Tuberculosis screening and treatment for all clients entering treatment programs.

FFY 2004 (Progress)

Contracted treatment providers have been required to make tuberculosis skin testing available to all clients in their programs. Contracted treatment providers are required to maintain effective linkages with local health departments to assist their staff with client testing and monitoring efforts. Providers continue to be monitored with the annual contract compliance reviews to ensure that TB positive clientele are not denied treatment services and to ensure that effective referrals are made for health services in collaboration with local health departments. The Missouri Department of Health and Senior Services continues to provide follow-up diagnostic services for clientele who do not have health care resources. Residential and Opioid treatment programs are required to monitor client compliance with medications to encourage therapeutic response.

FFY 2005 (Intended Use)

The Division will continue to make Tuberculosis, risk assessment, testing, and risk reduction education available to all treatment clientele. Provision of Tuberculosis specific services will continue to be monitored with annual Safety and Basic Assurance Reviews. The Division will continue to require contracted treatment providers to maintain effective linkages with the local health departments to ensure that treatment clientele access and participate in Tuberculosis services.

Missouri

Goal #6: HIV Services

GOAL # 6.-- An agreement, by designated States, to provide treatment for persons with substance abuse problems with an emphasis on making available within existing programs early intervention services for HIV in areas of the State that have the greatest need for such services and to monitor such service delivery (See 42 U.S.C. 300x-24(b) and 45 C.F.R. 96.128).

FY 2002 (Compliance):

FY 2004 (Progress):

FY 2005 (Intended Use):

FFY 2002 (Compliance)

The Division consistently worked with the Department of Health and Senior Services (DHSS) to establish community linkages with contracted treatment providers to encourage effective utilization of state and community resources. Contracted treatment providers performed HIV/TB/STD/Hepatitis risk assessment for all clients. High risk clientele were provided with pre-test counseling, testing referral, and post-test counseling services.

Division certification standards required staff providing information about HIV/AIDS must have completed a department approved or comparable training program. HIV Risk Reduction Counseling training is provided annually in each region free of charge to service providers. The Division maintained a collaborative partnership with the Department of Health and Senior Services to obtain current resource materials, and to receive technical assistance for effective intervention strategies.

The Division's Treatment Coordinator has remained a member of the Governor's Council on AIDS. Active participation with this council ensured Division engagement with Missouri state initiatives to address the needs of the HIV/AIDS population.

FFY 2004 (Progress)

The Division has consistently monitored the incidence rates of HIV/AIDS for those programs that provide on-site testing. The Division does not currently reimburse for on-site testing. However, all contracted treatment providers are required to arrange for client testing services at any time during the provision of treatment services. On-site testing has been encouraged in collaboration with the community health departments and the local community planning group staff.

The Division has supported the Department of Health and Senior Services' promotion of the OraQuick HIV testing protocol. This method affords timely diagnosis of positives and encourages earlier identification of clientele counseling and referral needs.

The Division's Treatment Coordinator has continued to be a permanent member of the

Governor's Council on AIDS. This multi-disciplinary team has continued to identify and coordinate state activities and state service initiatives with agencies. The Governor's Council includes the Department of Health and Human Services, Department of Corrections, Department of Social Services, Division of Medical Services, Department of Elementary and Secondary Education, Division of Vocational Rehabilitation, Governor's Council on Disability, Department of Public Safety, Department of Labor and Industrial Relations, representatives from contracted treatment providers, and consumers.

To further decrease perinatal HIV transmission, the Division has required all Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs for women and children to coordinate the prenatal care of all female clients. This practice has ensured that all female clientele have access to prenatal care to encourage the client to address the issue of HIV testing with their physician and the medical facility. Monitoring of compliance occurred during the certification and annual contract compliance process.

FFY 2005 (Intended Use)

The Division and the Department of Health and Senior Services have collaborated to develop cross-training curriculum which addresses substance abuse, sexually transmitted diseases and blood borne diseases. The cross-training agenda will include emerging trends, enhances risk assessment, the current system of care, and treatment concerns for HIV, Hepatitis, and STD's. Confidentiality and HIPAA compliant referral process methods will be presented.

The training agenda was developed to encourage participant identification of common goals for collaboration, advantages of community collaboration, roles and responsibility of collaboration, and interdependence to improve service delivery. The division and DHSS staff will develop regional technical assistance reports to provide feedback to each region and to capture strengths, service delivery gaps, and recommendations for improvement.

Cross-training will be provided to the six Missouri HIV/AIDS Prevention Regional Planning Groups during August 2004 through December 2004. Subsequent collaborative regional technical assistance is planned for the 2005 calendar year.

The Division's Treatment Coordinator will remain a permanent member of the Governor's Council on AIDS. This multi-disciplinary team will continue to identify and coordinate state activities and service initiatives.

Continued efforts will be made to decrease perinatal HIV transmission. The Division will continue to require all Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs for women and children to coordinate the prenatal care of all female clients. This practice will ensure that female clientele have access to prenatal care to encourage the client to address the issue of HIV testing with their physician and the treating medical facility.

Missouri

Goal #7: Development of Group Homes

GOAL # 7.-- An agreement to continue to provide for and encourage the development of group homes for recovering substance abusers through the operation of a revolving loan fund (See 42 U.S.C. 300x-25 and 45 C.F.R. 96.129). Effective FY 2001, the States may choose to maintain such a fund. If a State chooses to participate, reporting is required.

FY 2002 (Compliance): (participation OPTIONAL)

FY 2004 (Progress): (participation OPTIONAL)

FY 2005 (Intended Use): (participation OPTIONAL)

Compliance FFY 2002
In 2002, the Department of Mental Health – Division of Alcohol and Drug Abuse opened eleven (11) Oxford Houses (8 men – 3 women). A continued need for safe and affordable housing exists in Missouri and indications are this will be the case for many years to come. Housing specialist employed by the state, continue to monitor and provide technical assistance to sixty-five (65) Oxford Houses (52 men – 13 women).

Progress FFY 2004
The Department of Mental Health – Division of Alcohol and Drug Abuse continue to support the Oxford House program within the State of Missouri. Through careful selection of prospective house locations, the stabilization of Oxford House growth has been maintained.

Intended Use FFY 2005
The housing needs of recovering alcoholics and substance abusers will continue to be a high priority in the future. The state of Missouri will continue to support the group home program to assure adequate housing for individuals completing treatment and seeking safe and affordable housing. The Department of Mental Health, Division of Alcohol and Drug Abuse will continue to assist in opening and providing technical assistance to the Oxford House program.

Missouri

Goal #8: Tobacco Products

GOAL # 8.-- An agreement to continue to have in effect a State law that makes it unlawful for any manufacturer, retailer, or distributor of tobacco products to sell or distribute any such product to any individual under the age of 18; and, to enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under age 18 (See 42 U.S.C. 300x-26 and 45 C.F.R. 96.130).

- *Is the State s Synar report included with the FY 2004 uniform application?*
  Yes *No*
- *If No, please indicate when the State plans to submit the report:*
  mm/dd/2004

Yes, the State of Missouri includes its submission of the annual Synar Report with the FY2005 uniform application.

Missouri

Goal #9: Pregnant Women Preferences

GOAL # 9.-- An agreement to ensure that each pregnant woman be given preference in admission to treatment facilities; and, when the facility has insufficient capacity, to ensure that the pregnant woman be referred to the State, which will refer the woman to a facility that does have capacity to admit the woman, or if no such facility has the capacity to admit the woman, will make available interim services within 48 hours, including a referral for prenatal care (See 42 U.S.C. 300x-27 and 45 C.F.R. 96.131).

FY 2002 (Compliance):

FY 2004 (Progress):

FY 2005 (Intended Use):

FFY 2002 (Compliance):
The Division has developed specialized Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs for women and their children. The CSTAR Women and Children's programs in the state require that pregnant women receive priority admission status. Specifically, the CSTAR Certification Standards state in 9 CSR 30-3.190(1), "The program shall provide treatment, rehabilitation, and other CSTAR services solely to women and their children. (A) Priority shall be given to women who are pregnant or postpartum. 1. The program shall engage in all activities necessary to ensure the actual admission of and services to those women who are pregnant or postpartum." Division contracts for Women and Children's CSTAR programs require adherence to the above standard and all applicable certification standards.

FFY 2004 (Progress):
Annual certification surveys and contract compliance reviews have determined that all agencies have followed this policy and admitted pregnant women immediately into treatment.

FFY 2005 (Intended Use):
Annual Safety and Basic Assurance Reviews and certification surveys every three years will continue to monitor agencies and ensure that this standard regarding priority status and immediate admission for pregnant women is followed.

Missouri

Goal #10: Process for Referring

GOAL # 10.-- An agreement to improve the process in the State for referring individuals to the treatment modality that is most appropriate for the individual (See 42 U.S.C. 300x-28(a) and 45 C.F.R. 96.132(a)).

FY 2002 (Compliance):

FY 2004 (Progress):

FY 2005 (Intended Use):

FFY 2002 (Compliance):

Data from the St. Louis Targeted Cities program permitted the Division a unique opportunity to evaluate the quality of client agency matching, client progress in treatment, and treatment outcomes. The standard computerized client assessment tool developed during this grant, Initial Standardized Assessment Protocol (ISAP), has enhanced the ability to identify individual level of care for each client. This tool has allowed greater utilization review and outcome measure data collection. All treatment providers statewide have been trained to use the ISAP. The ISAP identifies the level of treatment appropriate for the individual. The Addiction Severity Index is the primary assessment tool used to determine level of care. All programs are using the ISAP and either batching information or using the internet virtual private network to input the data directly to a data warehouse for information retrieval by the Division. Staff of the Division review utilization data on an agency-by-agency basis to identify major trends, problem areas, and successful outcomes. Providers are utilizing the computerized ISAP to assure correct level of services provided to individuals. The tool permits greater ability to perform utilization review and outcome measurement.

Certification standards require individuals meet eligibility criteria for admission into each level of the continuum of care.

9 CSR 30-3.120 Detoxification
(3) Eligibility Criteria. In order to be eligible for detoxification services, a person must present symptoms of intoxication, impairment or withdrawal and also must require supervision and monitoring of their physical and mental status to ensure safety. A person qualifies for detoxification services on a residential basis if one or more of the following additional criteria are met:
(A) Demonstrates a current inability to minimally care for oneself;
(B) Lacks a supportive, safe place to go and demonstrates a likelihood of continued use of alcohol or other drugs if free to do so;
(C) Requires ongoing observation and monitoring of vital signs due to a prior history of physical complications associated with withdrawal or the severity of current symptoms of intoxication, impairment or withdrawal; or
(D) Presents a likelihood of harm to self or others as a result of intoxication, impairment or withdrawal.

9 CSR 30-3.140 Residential Treatment
(2) Eligibility Criteria. In order to fully participate in and benefit from the intensive set of services offered in residential treatment, a person must meet the following admission and eligibility criteria:
(A) Does not demonstrate symptoms of intoxication, impairment or withdrawal that would hinder or prohibit full participation in treatment services. A screening instrument, that includes vital signs, must be used with all prospective clients to identify symptoms of intoxication, impairment, or withdrawal and, when indicated, detoxification services must be provided or arranged;
(B) Needs an alternative, supervised living environment to ensure safety and protection from harm;
(C) Meets the general treatment eligibility requirement of a current diagnosis of substance abuse or dependence and, in addition, demonstrates one or more of the following—
1. Recent patterns of extensive or severe substance abuse;
2. Inability to establish a period of sobriety without continuous supervision and structure;
3. Presence of significant resistance or denial of an identified substance abuse problem; or
4. Limited recovery skills and/or support system; and
(D) A client may qualify for transfer from outpatient to residential treatment if the person—
1. Has been unable to establish a period of sobriety despite active participation in the most intensive set of

services available on an outpatient basis; or

2. Presents imminent risk of serious consequences associated with substance abuse.

9 CSR 30-3.130 Outpatient Treatment

(4) Community-Based Primary Treatment. This level of care is the most structured, intensive, and short-term service delivery option. Structured services shall be offered at least five (5) days per week and should approximate the service intensity of residential treatment.

(A) Eligibility for primary treatment shall be based on—

1. Evidence that the person cannot achieve abstinence without close monitoring and structured support; and
2. Need for frequent, almost daily services and supervision.

(5) Intensive Outpatient Rehabilitation. This level of care offers an intermediate intensity and duration of treatment. Services should be offered on multiple occasions during each week.

(A) Eligibility for intensive outpatient rehabilitation shall be based on—

1. Ability to limit substance use and remain abstinent without close monitoring and structured support;
2. Absence of crisis that cannot be resolved by community support services;
3. Evidence of willingness to participate in the program, keep appointments, participate in self-help, etc.; and
4. Willingness, as clinically appropriate, to involve significant others in the treatment process, such as family, employer, probation officer, etc.

(6) Supported Recovery. This level of care offers treatment on a regularly scheduled basis, while allowing for a temporary increase in services to address a crisis, relapse, or imminent risk of relapse. Services should be offered on approximately a weekly basis, unless other scheduling is clinically indicated.

(A) Eligibility for supported recovery shall be based on—

1. Lack of need for structured or intensive treatment;
2. Presence of adequate resources to support oneself in the community;
3. Absence of crisis that cannot be resolved by community support services;
4. Willingness to participate in the program, keep appointments, participate in self-help, etc.
5. Evidence of a desire to maintain a drug-free lifestyle;
6. Involvement in the community, such as family, church, employer, etc.; and
7. Presence of recovery supports in the family and/or community.

9 CSR 30-3.132 Opioid Treatment Program

(5) Admission Criteria. The program shall provide treatment and rehabilitation, which includes the use of methadone, to those persons who demonstrate physiologic dependence to heroin and other morphine-like drugs. Priority for admission shall be given to women who are pregnant and to persons who are Human Immunodeficiency Virus (HIV) positive. Persons who are not residents of the state of Missouri shall comprise no more than twenty percent (20%) of the clients of the program.

(A) In order to qualify for medically supervised withdrawal, the applicant must demonstrate physiologic dependence to narcotics. Documentation must indicate clinical signs of dependence, such as needle marks, constricted or dilated pupils, etc.

(B) In order to qualify for initial admission to ongoing opioid treatment, the applicant must demonstrate physiologic dependence and continuous or episodic addiction for the one (1)-year period immediately prior to application for admission. Documentation must indicate clinical signs of dependence, past use patterns and treatment history, etc. The following exceptions may be made to the minimum admission requirements for opioid treatment:

1. The program may place a pregnant applicant on a methadone treatment regimen, regardless of age, if the applicant has had a documented dependency on heroin or other morphine-like drugs in the past and may be in direct jeopardy of returning to such dependency, with its attendant dangers during pregnancy. The applicant need not show evidence of current physiologic dependence if a program physician certifies the pregnancy and, in his/her reasonable clinical judgment, justifies opioid treatment;
2. For an applicant who is under the age of eighteen (18), the program shall document two (2) unsuccessful attempts at drug-free treatment prior to admission to ongoing opioid treatment. The program shall not admit any person under the age of sixteen (16) to a program without the prior approval of the Division of Alcohol and Drug Abuse; and
3. An applicant who has been residing in a correctional institution for one (1) month or longer may enroll in a program within fourteen (14) days before release or discharge or within six (6) months after release from such an

institution without evidence of current physiologic dependence on narcotics provided that prior to institutionalization the client would have met the one (1)-year admission criteria.

(C) In order to qualify for readmission to opioid treatment, the applicant must demonstrate current physiologic dependence.

1. The program may waive this requirement if it documents prior opioid treatment of six (6) months or more and discharge within the past two (2) years.

2. At the discretion of its medical director, the program may require an applicant who has received administrative detoxification due to an infraction of program rules to wait a minimum of thirty (30) days prior to applying for readmission.

(D) The medical director may refuse the admission of an applicant and/or opioid treatment to a particular client if, in the reasonable clinical judgment of the medical director, the person would not benefit from such treatment. Prior to such a decision, appropriate staff should be consulted and the reason(s) for the decision must be documented by the medical director.

The Division's Clinical Utilization Review Unit further makes determination regarding the appropriate level of care for consumers. The certification standards state:

(14) Clinical Utilization Review. Services are subject to clinical utilization review when funded by the department or provided through a service network authorized by the department. Clinical utilization review shall promote the delivery of services that are necessary, appropriate, likely to benefit the client, and provided in accordance with admission criteria and service definitions.

(A) The department shall have authority in all matters subject to clinical utilization review including client eligibility and service definition, authorization, and limitations.

(B) Any service matrix or package that is developed by the department or its authorized representative shall include input from service providers.

(C) Clinical utilization review shall include, but is not limited to, the following situations regarding an individual client:

1. Length of stay beyond any specified maximum time period;
2. Service authorization beyond any specified maximum amount or cost;
3. Admission of adolescents into adult programs; and
4. Unusual patterns of service or utilization, based on periodic data analysis and norms compiled by the division.

(D) Clinical utilization review may be required of any client's situation and needs prior to initial or continued service authorization.

(E) The need for clinical utilization review may be identified and initiated by a provider, an individual client, or by the department.

(F) Clinical utilization review may include, but is not limited to, the following situations regarding a program:

1. Unusual patterns of service or utilization, based on periodic data analysis and norms compiled by the division regarding the utilization of particular services and total service costs; and
2. Compliance issues related to certification standards or contract requirements that can reasonably be monitored through clinical review.

(15) Credentialed Staff. Clinical utilization review shall be conducted by credentialed staff with relevant professional experience.

FFY 2004 (Progress):

The Internet web based version of the ISAP with data stored on a Virtual Private Network for confidentiality has become the only department supported version of the assessment. Most contracted agencies are using the Internet version of the ISAP called the "Outcomes Web" including the Addiction Severity Index and the ASI-Mini. Agencies not yet on the Outcomes Web are receiving technical assistance.

The certification standards for eligibility have been maintained and the clinical utilization review unit continued to review service plans.

FFY 2005 (Intended Use):

The goal is to use the web based version of the ISAP statewide. The Division will continue to review utilization data to identify patterns of success by agency. The Division is working on fine-tuning the ability to retrieve data in a meaningful fashion. The Division will continue to implement the outcomes measurement plan and assure reliable outcomes data is being collected to meet the federal requirements.

The certification standards for eligibility will be maintained and the clinical utilization review unit will continue to review service plans.

Missouri

Goal #11: Continuing Education

GOAL # 11.-- An agreement to provide continuing education for the employees of facilities which provide prevention activities or treatment services (or both as the case may be) (See 42 U.S.C. 300x-28(b) and 45 C.F.R. 96.132(b)).

FY 2002 (Compliance):

FY 2004 (Progress):

FY 2005 (Intended Use):

FFY 2002 (Compliance):

The Division's annual Spring Training Institute was held May 29-31, 2002, with over 750 professionals from the substance abuse prevention and treatment field in attendance. National and local experts presented on a range of topics including recovery models for dual disorders, evaluation of prevention programs, reaching out to the faith community, fetal alcohol syndrome, developing community partnerships, and others.

A statewide Alcohol Awareness Day event was held on April 16, 2002 to coincide with Alcohol Awareness Month. Presentations included activities of the Missouri Recovery Network, underage drinking issues, and an address from Stacia Murphy, President of the National Council on Alcoholism and Drug Dependence, about nationwide initiatives.

The Mid-America Addiction Technology Transfer Center, Kansas City, with input and participation from staff of the Division of Alcohol and Drug Abuse and substance abuse prevention and treatment providers, developed their annual training calendar and provided training on a statewide basis throughout the year. Courses offered included a wide range of topics including co-occurring disorders, ethics, counseling skills, faith community support for persons in recovery, and group counseling skills. These courses are offered at a reduced fee for all agencies that have a prevention or treatment contract with the Division of Alcohol and Drug Abuse.

The Division of Alcohol and Drug Abuse Treatment Section staff have developed a series of in-service training modules that are delivered to treatment providers throughout the state. These sessions are tailored to meet the needs of the staff in each agency. Over 30 on-site workshops were delivered during this fiscal year including Outcomes Web Assessment, Treatment Planning, Documentation, Alcohol and Drug Federal Confidentiality Regulations, Self-Directed Work Teams, Substance Abuse and the Elderly, Addiction Ethics, and Motivational Interviewing.

The Division provided training through the Statewide Training and Resource Center for Regional Support Center staff and community leaders. The training focus included community assessments, capacity building, and measurable outcomes. The annual conference, Prevention Forces in the Field, Strengthening Families and Communities in Stressful Times, was held July 23-24, 2003, in Kansas City, Missouri.

The Missouri SPIRIT program training for division, contractor and school staff for Positive Action for Living, Peace Builders, Life Skills, and Reconnecting Youth curricula were conducted during July and November 2002. Another CSAP model program training, Strengthening Families was completed during August 2003.

FFY 2004 (Progress):

The annual Spring Training Institute was held May 19-21, 2004 and was attended by over 950 professionals from the substance abuse prevention, treatment, and mental health field. The theme of the conference was *From Research to Practice*. National and local experts shared information about a wide range of evidence-based practices including treatment for stimulant use disorders, behavior change, comprehensive drug abuse prevention, treatment services for adolescents and adults, and relapse prevention.

Staff from the Division of Alcohol and Drug Abuse Treatment Section conducted over 50 on-site training sessions during this fiscal year including Treatment Planning, Documentation, Confidentiality and Ethics, Motivational

Interviewing, Substance Abuse and the Elderly, and Use of the ASI.

The Mid-America Addiction Technology Transfer Center provided a one-day session, *Best Practices in Addiction Treatment*, on June 22 in St. Louis, Missouri. This training will also be offered in Springfield, Missouri and Kansas City, Missouri later this federal fiscal year.

On July 13-14, 2004, a workshop, *Work as a Priority*, was held for all service providers of the Department of Mental Health, including substance abuse treatment providers. A national expert shared principles, practices, and tools that can be effective in increasing employment rates among individuals who have disabilities, particularly those who are homeless.

Regional training sessions on *Substance Abuse and Infectious Disease: Cross-Training for Collaborative Systems of Prevention, Treatment, and Care* will be held during late summer, 2004. This is a joint activity of the Division of Alcohol and Drug Abuse and the state of Missouri's Department of Health and Senior Services. This initiative provides training and technical assistance to State local and public health, mental health, criminal justice, and substance abuse service delivery providers so they can collaborate more effectively to serve individuals with substance abuse problems and/or infectious diseases such as HIV/AIDS, other sexually transmitted diseases, and hepatitis.

The Division continued to provide training, education, and technical assistance through the Missouri Substance Abuse Prevention Resources Network. Training and technical assistance concerning community development, accountability, and targeted prevention initiatives based on CSAP's best practice program recommendations. The Division collaborated with CSAP's Southwest Center for the Application of Prevention Technology (SWCAPT) to provide training and technical assistance for targeted prevention initiatives.

Additional technical assistance was provided by the SW CAPT liaison. The liaison worked closely with the Prevention Workforce Development Task Force to review the survey results, continue the development of a training plan, and begin the recommendation process for certification of prevention.

Prevention Community Readiness Assessment training scheduled for summer 2004, will include community members. The training and assessment will be implemented for the CSAP State Incentive Planning Grant. Five communities are pilot sites for training and administration of the Community Readiness Assessment.

As a co-sponsor for the annual National Prevention Network Prevention Research Conference in Kansas City, MO August 22-25, 2004, Division staff served as planning committee members.

FFY 2005 (Intended Use):

Training on treatment retention strategies will be provided to substance abuse treatment providers and probation and parole staff. This training will enhance collaboration between the Division of Alcohol and Drug Abuse and the State's Department of Corrections and help reduce rates of arrests, probation violations, and returns to prison of probation and parole clients in treatment.

Regional training sessions on *Substance Abuse and Infectious Disease: Cross-Training for Collaborative Systems of Prevention, Treatment, and Care* will continue to be held during late fall of 2004 and early spring of 2005. This is a joint activity of the Division of Alcohol and Drug Abuse and the state of Missouri's Department of Health and Senior Services. This initiative provides training and technical assistance to State local and public health, mental health, criminal justice, and substance abuse service delivery providers so they can collaborate more effectively to serve individuals with substance abuse problems and/or infectious diseases such as HIV/AIDS, other sexually transmitted diseases, and hepatitis.

The Division of Alcohol and Drug Abuse *Spring Training Institute* will be held May 18-20, 2005. Continued collaboration with the Mid-America Addiction Technology Transfer Center, CSAT, and CSAP will ensure that employees of treatment and prevention agencies in Missouri receive training and education on evidence-based practices.

Staff of the Division's Treatment Section will continue to provide on-site training for its contracted service providers in the areas of treatment planning and documentation, peer review/consultation, the federal confidentiality regulations, ethics, and other areas that may be requested.

The Division will continue to train division and contractual staff on accountability, collaboration, and the Strategic Prevention Framework model. The Prevention Workforce Development Planning Committee will continue preparing recommendations for their plan. The Division will continue to utilize the SWCAPT liaison for CSAP model program training and the Strategic Prevention Framework model. . The SW CAPT liaison will continue to provide technical assistance to the Prevention Workforce Development Planning Task Force's recommendations for prevention certification training.

Missouri

Goal #12: Coordinate Services

GOAL # 12.-- An agreement to coordinate prevention activities and treatment services with the provision of other appropriate services (See 42 U.S.C. 300x-28(c) and 45 C.F.R. 96.132(c)).

FY 2002 (Compliance):

FY 2004 (Progress):

FY 2004 (Intended Use):

FFY 2002 (Compliance):

Certification standards 9 CSR 10-7.010 Treatment Principles and Outcomes states "(7)(A) A range of services shall be available to provide service options consistent with individual need. Emotional, mental, physical and spiritual needs shall be addressed whenever applicable.

3. To best ensure each individual's access to a range of services and supports within the community, the organization shall maintain effective working relationships with other community resources. Community resources include, but are not limited to, other organizations expected to make referrals to and receive referrals from the program.
4. Assistance in accessing transportation, childcare and safe and appropriate housing shall be utilized as necessary for the individual to participate in treatment and rehabilitation services or otherwise meet recovery goals.
5. Assistance in accessing employment, vocational and educational resources in the community shall be offered, in accordance with the individual's recovery goals."

Adolescent CSTAR program certification standards require: "Cooperation with other youth-serving agencies shall be demonstrated in order to ensure that the needs of youth in treatment are met and that services are coordinated. Coordination of service needs are critical with youth due to their involvement with other community agencies and reliance on the family, as well as the fact that substance abuse affects multiple life areas." Coordination of education for adolescent clients during treatment is required by standards.

All clients in CSTAR programs are offered a Community Support Worker whose responsibilities include "activities with or on behalf of a particular client in accordance with an individual rehabilitation plan to maximize the client's adjustment and functioning within the community while achieving sobriety and sustaining recovery, maximizing the involvement of natural support systems, and promoting client independence and responsibility." The community support worker arranges, refers, and monitors services external to the CSTAR program.

Each CSTAR Women and Children's program is required to provide a child care and development program for the children of women who are concurrently receiving treatment. Each center, as required in certification standards, must design appropriate services that address the following goals: building self esteem; to learn to identify and express feelings; to build positive family relationships; to develop decision making skills; to understand chemical dependency as a family illness; and to learn and practice non-violent ways to resolve conflict. Each child receives an individual assessment to determine his/her needs and appropriate intervention or referral is arranged. Children can receive individual and family therapy and group codependency counseling from qualified personnel. The mothers receive extensive weekly training on parenting skills and supervised parent/child bonding time to practice the new skills.

The women and their children receive residential support or supportive housing to assure a safe drug free environment. All women and children who enter treatment are provided health screenings by registered nurses to identify health deficits or needs for medical intervention. Close association with local health clinics provides prenatal care, immunizations and other preventive techniques to increase the well being of mothers and their children. For women receiving day treatment and outpatient services transportation is available to and from the facility.

The Division of Alcohol and Drug Abuse has made a significant effort to provide early

targeted prevention and adolescent treatment to children and adolescents and can document significant reductions in substance use by Missouri high school seniors. Research data indicates drug and alcohol rates of use to be dropping to the following levels: Alcohol use dropped from 62.2% in 1997 to 57.2% in 1999; Binge drinking decreased from 51.3% in 1997 to 38.7% in 1999; Cigarette use from 48.2% in 1997 to 33.5% in 1999; Marijuana use from 34.9% in 1997 to 24.5% in 1999; Cocaine use from 6.7% in 1997 to 2.1% in 1999. Through an expansion in the number of adolescent treatment centers and an expansion in targeted prevention efforts, which began in FY 1998, the Division is making an impact with youth and their families. In addition to the targeted prevention programs and the increase in the number of adolescent treatment centers, the Division has made an intensive effort to reduce the sale and use of tobacco to and by minors. By collaborating with the FDA and local community prevention coalitions to monitor outlets and enforce regulations, the sale of tobacco products to minors has dropped significantly.

The Division, in collaboration with the Missouri Department of Elementary and Secondary Education and the Missouri Institute of Mental Health, initiated development of a school-based prevention and intervention initiative. This initiative provides universal, selective, and indicated preventive interventions to children grades k – 12. One site is located in each Division sub-state region totaling five.

FFY 2004 (Progress):

The CSTAR program certification standards continue to require the above-mentioned activities. The Division continues to be involved in collaborative activities with multiple community agencies, support groups, and other state agencies to train and intervene when early symptoms and risk factors for substance abuse are identified. The Division has provided numerous technical assistance visits and statewide meetings of providers to motivate and encourage creative engagement of families with multiple stress factors.

The Division is coordinating with the Department of Corrections on a Transition from Prison to Community Initiative. The goal is to assure services are arranged in the community before an individual's release from a correctional institution. The Division is also currently reviewing the system of care for individuals with co-occurring psychiatric and substance use disorders as part of the Co-Occurring State Incentive Grant. Numerous agencies are collaborating on this project.

During FFY 2004, the Division continued implementation of the Missouri School-based Prevention and Intervention Initiative (SPIRIT).The Missouri SPIRIT program provided evidence-based prevention programs to 3,893 students in grades K–12. The curricula used are *Positive Action*, *Life Skills Training*, *Peace Builders*, and *Reconnecting Youth*. Prevention providers also assist school personnel with identification and screening of students exhibiting problem behaviors. Missouri SPIRIT proposes to delay onset or decrease substance use, improve overall school performance, and reduce incidents of violence. MIMH continued evaluation collecting three types of data: individual, school or group, and program fidelity. In order to participate in the evaluation, both parental consent and student assent are required. 1,445 students participated in the evaluation during FFY04. The following measures are being used: Teacher Observation Checklist, California Healthy Kids Survey, the Missouri Student Survey and Supplemental Survey, SPIRIT Fidelity and Quality of Program Implementation Report, and the teacher-completed SPIRIT Initiative Questionnaire. Additional data collected on individual students includes grades, achievement test results, school attendance, suspensions, and incidence of violence, race, age, and gender. School level data are those that serve as indicators for each grade as a whole whether or not students were involved in the evaluation.

FFY 2005 (Intended Use):

The Division will continue to require coordination of substance abuse treatment with external resources to meet the needs of the clients. Housing, transportation, vocational rehabilitation, education, family services and legal issues will continue to be addressed in CSTAR programs. Services will continue to children being treated concurrently with their mothers in the women and children's CSTAR programs.

The Division will continue to work with the Department of Corrections to improve the transition of offenders from prison to community. The COSIG process will continue to identify and implement needed system changes to meet the needs of clients with co-occurring disorders.

The Division will continue implementing the Missouri SPIRIT program and its evaluation. The evaluators

continue to track the number of referrals made through the project. The Missouri Student Survey will be revised through continued collaboration with DESE. The Missouri Student Survey will be used by local school districts and the Division for planning and program development.

The Division will continue development and probable implementation of specialty programming for the children and youth of women receiving services through the CSTAR program. Evidence-based curricula, e.g., the *Nurturing Families Affected by Substance Abuse, Mental Illness and Trauma*, will be implemented in Women and Children CSTAR sites.

Additionally the Division is a partner with the Department of Health and Senior Services for a five-year award from the Center for Disease Control focusing on Fetal Alcohol Syndrome Disorder. All CDC awards will be implementing Motivational Interviewing Technique and the Personal Choices program. Three CSTAR sites will be implementing the Personal Choices program and receiving Fetal Alcohol Syndrome Disorder training.

Missouri

Goal #13: Assessment of Need

GOAL # 13.-- An agreement to submit an assessment of the need for both treatment and prevention in the State for authorized activities, both by locality and by the State in general (See 42 U.S.C. 300x-29 and 45 C.F.R. 96.133).

FY 2002 (Compliance):

FY 2004 (Progress):

FY 2005 (Intended Use):

FFY 2002 (Compliance):

The Division continued work on Missouri's second State Treatment Needs Assessment Program (STNAP) grant funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, under CSAT Grant No. 5H79 TI12229. Research Triangle Institute (RTI), the Division's subcontractor, completed the household telephone survey and the county jail inmate interviews. RTI also completed a draft of the study's household population report.

In FFY 2002 the Division continued state prevention needs assessment studies (CSAP Contract No. 277-98-6020). The first study, Prevention Needs of Statewide School-Aged Population, Substance Use, Delinquent Behavior & Risk and Protective Factors Among Students in the State of Missouri: 2000, was conducted in February 2000 and the report published in February 2001.The Division replicated the Needs Assessment study in 2002. The Missouri Institute of Mental Health (MIMH) administered the survey for the Division to 10,000 Missouri students. A website, established specifically for the survey report by MIMH, contains information for parents, students, teachers and administrators in addition to the complete survey. . The other Prevention Needs Assessment studies were completed and reports delivered December 2002. The Division posted the results of the studies: Assessing Prevention Needs Using Social Indicators; Assessment of the Current Prevention System; and Integrative and Systems Development on its' website and available to the public.

FFY 2004 (Progress):

The three reports from the STNAP study -- Substance Abuse and Need for Treatment Among Missouri Jail Inmates, 2001; Substance Use and Need for Treatment among the Household Population in Missouri, 2001/2002; and Integrating Population Estimates of Treatment Need in Missouri: 2003 Update -- were completed in late FFY2003 and posted to the Division's website in early FFY2004. Summary data from the studies were included in the Status Report on Missouri's Alcohol and Drug Abuse Problems—Tenth Edition, January 2004, and that report was also posted to the Division's website. Data from the study were also used in the Access To Recovery grant application and in performance measurement calculations for the Missouri Division of Alcohol and Drug Abuse FY2006 budget request.

The Division administered the 2004 Missouri Student Survey May 2004. MIMH, the Prevention Unit's evaluation and survey contractor, made revisions to the survey based on the 2002 experience and use of the survey as part of Missouri SPIRIT. The 2004 Missouri Student Survey set a precedent by developing a single survey instrument for

DESE and the Division's survey of Missouri students. The collaborative effort between DESE and the Division resulted in a single instrument to collect data on incidence and prevalence; risk and protective factors; and to address both agencies' planning needs by providing data at the school district, county, and statewide levels. The Division developed school-age youth substance abuse and delinquent behavior trend data and risk and protective factor profiles. The Division continued to develop a systematic, data driven approach to estimate prevention needs statewide and regionally. The prevention planning process broadened in scope through the addition of the "Missouri Governor's State Prevention Initiative". Missouri was awarded a State Incentive Cooperative Agreement (CSAP Grant # 1 UD1 SP10384-01) effective September 15, 2004. The Missouri Governor's Prevention Initiative is a partnership among state agencies, community stakeholders, interest groups and individuals to improve the outcomes for Missouri's youth, families and communities. Through the planning phase of this partnership, the State of Missouri will identify the prevention needs of youth 12 - 25, identify gaps in the state's prevention system, and develop plans and policy recommendations to meet those needs and address existent gaps. The Governor's Prevention Initiative will build on the work and information available to the state from the CSAP Needs Assessment studies and will initiate special studies in order to discern the prevention services needs of our two fastest growing racial/ethnic groups: Latinos and Asian/Pacific Islanders. The Advisory Committee of the Governor's Prevention Initiative will assess and plan for redirecting, refocusing, and redeploying existing prevention resources in order to build a statewide prevention system rooted in evidence-based principles and sound practice. The Initiative is developing a strategy for coordinating substance abuse prevention activities in order to create a network of integrated community-based prevention programs and support systems. The planning phase of the Governor's Prevention Initiative will result in a strategic plan and policy recommendations for leveraging existing funding streams and redirecting all current and future providers to use of evidence-based services.

FFY 2005 (Intended Use):

Prevalence data from the STNAP studies will be included in the Status Report on Missouri's Alcohol and Drug Abuse Problems—Eleventh Edition, January 2005. The data will also be used in sub-state treatment services planning and in the Division of Alcohol and Drug Abuse FY2007 budget documents.

The Division will continue the biennual Missouri Student Survey. It will be automated and will integrate an incidence and prevalence survey formerly distributed by the Missouri Department of Elementary and Secondary Education (DESE). MIMH, the Prevention Unit's evaluation and survey contractor, will revise the survey based on the 2004 experience and use of the survey as part of Missouri SPIRIT. The Division will develop school-age youth substance abuse and delinquent behavior trend data and risk and protective factor profiles. The Division will develop a systematic, data driven approach to estimate prevention needs statewide and regionally, and will determine the nature and extent of Missouri's existing prevention resources. The Governor's Prevention Initiative will provide a strategic plan and policy recommendations for the prevention planning process. The Initiative's special studies will provide information and data for

the prevention services needs of our two fastest growing racial/ethnic groups: Latinos and Asian/Pacific Islanders. The data and analysis of community readiness levels throughout the state will be part of an integrated prevention planning process. The Division developed and submitted an application for the Strategic Prevention Framework State Incentive Grant (SPF-SIG)..

Missouri

Goal #14: Hypodermic Needle Program

GOAL # 14.-- An agreement to ensure that no program funded through the block grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (See 42 U.S.C. 300x-31(a)(1)(F) and 45 C.F.R. 96.135(a)(6)).

FY 2002 (Compliance):

FY 2004 (Progress):

FY 2005 (Intended Use):

FFY 2002 (Compliance)

The Division has continued the policy ensuring that no program funded through the Block Grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs. The Division's contracts with treatment providers state: "The contractor agrees and understands that payments received under the contract SHALL NOT be expended in the following manner: to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug or distributing bleach for the purpose of cleansing needles for such hypodermic injection."

Contract providers are required to adhere to the Division policy prohibiting the distribution of hypodermic needles for the injection of illegal drugs and distribution of bleach for the purpose of cleaning needles for such injection. The policy has been ensured through contract monitoring by the Area Treatment Coordinator.

FFY 2004 (Progress)

The Division has continued the policy ensuring that no program funded through the Block Grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.

Contract providers are required to adhere to the Division policy prohibiting the distribution of hypodermic needles for the injection of illegal drugs and distribution of bleach for the purpose of cleaning needles for such injection. The policy has been ensured through contract monitoring by the Area Treatment Coordinator.

FFY 2005 (Intended Use)

The Division will continue the policy ensuring that no program funded through the Block Grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.

Contract providers will continue to be required to adhere to the Division policy prohibiting the distribution of hypodermic needles for the injection of illegal drugs and distribution of bleach for the purpose of cleaning needles for such injection. The policy will be ensured through Safety and Basic Assurance reviews conducted by the Area Treatment Coordinator.

Missouri

Goal #15: Independent Peer Review

GOAL # 15.-- An agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant (See 42 U.S.C. 300x-53(a) and 45 C.F.R. 96.136).

FY 2002 (Compliance):

FY 2004 (Progress):

FY 2005 (Intended Use):

FFY 2002 (Compliance):

The Division of Alcohol and Drug Abuse complied with all activities stated in the FFY 2002 Block Grant. Six independent peer reviews were conducted in FFY 2002. The contracts for treatment providers require that they make available staff to perform peer reviews of other agencies in the state.

Peer Review Contract Language:

1. The contractor shall make staff available for the Peer Review process in accordance with the following conditions:

- A maximum of five (5) days of staff time may be required during each contract period;
- The contractor and the Department will mutually agree upon the date, time, and location of the peer reviews;
- Travel expenses will be reimbursed per the Department regulations;
- Peer reviewers will be accompanied by staff from the Department and will not be expected to work alone; and
- The peer review process will focus on the quality, appropriateness, and efficacy of treatment services provided as well as other areas, as defined by the Department.

2. Peer review staff shall submit a written report of their findings and recommendations, to the District Administrator of the District in which the peer review was conducted, within ten (10) working days of completion of the review.

FFY 2004 (Progress):

The Division has completed seven peer reviews for FFY 2004. Reviews were conducted in each region of the state.

FFY 2005 (Intended Use):

As part of the Division's commitment to the quality of care for the clients we serve, the Division plans to continue the process of completing peer reviews in each region of the state annually. Peer review information will be disseminated to the appropriate sources to assure quality service.

Missouri

Goal #16: Disclosure of Patient Records

GOAL # 16 -- An agreement to ensure that the State has in effect a system to protect patient records from inappropriate disclosure (See 42 U.S.C. 300x-53(b) and 45 C.F.R. 96.132(e)).

FY 2002 (Compliance):

FY 2004 (Progress):

FY 2005 (Intended Use):

FFY 2002 (Compliance):

The Division has complied with all policies regarding patient confidentiality and has monitored agency compliance with Division policies regarding confidentiality. The Division's policy regarding confidentiality is in accordance with the Department of Health and Human Services Final Rule 42 C.F.R. part 2, Confidentiality of Alcohol and Drug Abuse Patient Records. Confidentiality is of utmost priority for the Division and is addressed in the administrative rules for service providers. Confidentiality is also addressed in the specific contract language for each service provider. Contractors are monitored annually through certification surveys and through contract compliance visits to ensure compliance with confidentiality rules and regulations.

FFY 2004 (Progress)

The Division continued policies regarding confidentiality as well as utilizing the monitoring process to ensure compliance with regulations regarding confidentiality. The Division has added code of state regulations 9 CSR 10-5.220 Privacy Rule of Health Insurance Portability and Accountability Act of 1996 (HIPAA) to ensure that certified treatment providers meet federal regulations. Training and technical assistance have been provided to treatment program staff to ensure compliance with the federal regulations. Certified substance abuse treatment providers continued to receive monitoring of the federal and state requirements during annual certification and contract compliance reviews.

FFY 2005 (Intended Use)

The Division will continue current policies regarding patient confidentiality and will continue to monitor agency compliance with Division policies regarding confidentiality.

Missouri

1. Planning

1. Planning

This item addresses compliance of the State's planning procedures with several statutory requirements. It requires completion of narratives and a checklist.

These are the statutory requirements:

-- Section 1929 requires the State to submit a statewide assessment of need for both treatment and prevention.

-- Section 1941 requires the State to make the State plan public in such a manner as to facilitate public comment from any person during the development of the plan.

In a narrative of up to three pages, describe how your State carries out substate area planning and determines which areas have the highest incidence, prevalence and greatest need. Include a definition of your State's substate planning areas. Identify what data is collected, how it is collected, and how it is used in making these decisions. States are required to utilize data from CSAT or CSAP needs assessment contracts. If the State does not use this data explain why. If there are any State, regional, or local advisory councils, describe their composition and their role in the planning process. Describe the monitoring process the State will use to assure that funded programs serve communities with the highest prevalence and need.

The Missouri Department of Mental Health has five planning regions that are used by its divisions of Alcohol and Drug Abuse (ADA) and Comprehensive Psychiatric Services (CPS). The planning regions are further divided into service areas consisting of clusters of counties. The largest metropolitan service areas consist of one or two counties while some of the rural service areas consist of up to nine counties. In contrast to the planning regions, the service areas are theoretically large enough to need and support most substance abuse service modalities yet small enough for the services to be geographically accessible to the residents. To support program planning at this level of detail, data on prevention and treatment needs, social indicators, and client demographics are aggregated to the service areas for analysis.

Estimates of treatment need are based on the State Treatment Needs Assessment Program (STNAP). The STNAP-I household report was finalized in 1997 and the estimates were expanded in 1999 based on an integrative study. The estimates were utilized in a formal treatment planning process begun in 1999 which is described below. Future planning projects will incorporate data from STNAP-II, which was completed in late 2003. Estimates of prevention need are based on the State Demand and Needs Assessment Studies and bi-annual follow-up student surveys, which are also described below.

The most recent comprehensive treatment planning project utilized STNAP-I data and began in 1999. The Division developed a decision model to allocate resources to increase the efficiency and effectiveness of the treatment system. The model consisted of an inventory of services, an estimate of magnitude of need, a determination of unmet

need, and a methodology for prioritizing and expanding services in each Service Area. Missouri's STNAP-I integrative study had recently been completed, which estimated adult treatment need for six administrative regions but not for the 20 Service Areas. A committee was established to review correlate research and develop a weighting system for a variety of substance abuse indicators. County-level data for these indicators was used to disaggregate the regional treatment needs estimates. The Division determined the number of residents receiving treatment in each Service Area, and estimated the number of residents with unmet need who would qualify for–and seek services from–the Division's publicly-funded programs. The Division will be refining and updating and the decision model based on data from the 2003 STNAP-II study *Integrating Population Estimates of Substance Abuse Treatment Need in Missouri: 2003 Update*, including Service Area estimates of adolescent and adult treatment need and data to be derived from the study's Automated Integration Model (AIM).

The Department of Mental Health and its divisions, including the Division of Alcohol and Drug Abuse, have developed a Strategic Plan which is updated annually through coordination with the Governor's office. The Strategic Plan must dovetail with sub-state planning because the programs required to meet the plan's objectives are given priority funding and are implemented in many parts of the state, primarily by the Missouri Substance Abuse Prevention Resource Network. Progress toward accomplishing each objective in the Strategic Plan is tracked using quantifiable measures derived from data collected annually.

Prevention planning and identification of highest need has been an ongoing process. Data collection has evolved from community-based qualitative information only to more effective comprehensive methods. The process has expanded the CSAP Prevention Needs Assessment Studies and has incorporated new data from other resources. Information for risk and prevalence data is captured through both qualitative and quantitative methods. Additionally, as a pilot state for CSAP's MIS project, the division's service providers are required to input service process information into the state's MDS3 server. The MDS3 project collects service type, target audience, aggregate demographics of participants, and risk factors.

Since the initial replication of the Missouri Student Survey (MSS) in 2002, subsequent prevention initiatives have used a variety of methods and different levels of substate data collection. During 2003, division initiatives and programs have provided the following information: specific K-12 school data and research-based program monitoring of the school-based initiative; training needs of the prevention workforce, the Prevention Works: the Next Step research project (Pentz and Hawkins); localized underage drinking information from the OJJDP EUDL discretionary awards; and binge drinking rates among college students from the CORE survey.

A significant contribution in 2003 to planning and risk prevalence identification was the one year CSAP State Incentive Planning Grant award. The Governor's Prevention Initiative is building on the work and information available to the state from the CSAP Needs Assessment studies. New information is being captured through focus groups with our two fastest growing racial/ethnic groups: Latinos and Asian/Pacific Islanders. In addition, the results and recommendations from a pilot community readiness assessment (Community Readiness Assessment, Tri-Ethnic Institute) will be accessible.

Technological advances are also part of the evolving system. The division strives

to achieve more effective and efficient ways for risk, incidence, prevalence, and highest need identification. Such progress is evident with the improvements made in capturing student information. The Student Survey was first administered to a random sample of 254 schools, 12,600 students. In 2002, the survey was replicated using state specific lessons learned and a larger sample. The 2004 Student Survey expanded the administration to all Missouri's 524 school districts. In addition, the survey advanced to computer-based administration and electronically captured data.

The advisory council network is an important link between the public and the Division of Alcohol and Drug Abuse. The Missouri Advisory Council on Alcohol and Drug Abuse, also known as the State Advisory Council, or SAC, was established by state statute and acts as an advisory body to the Division and the Division Director. The SAC is comprised of up to 25 members appointed by the Director to overlapping terms of three years each. Members must have professional, research, or personal interest in alcohol and drug abuse. At least one-half of the members must be consumers (non-providers) of services, and no more than one-fourth can be Division of Alcohol and Drug Abuse treatment or prevention vendors. The SAC collaborates with the Department of Mental Health in developing and administering a state plan on alcohol and drug abuse; promotes meetings and programs to discuss reducing the debilitating effects of alcohol or drug abuse; and disseminates information on the prevention, evaluation, care, treatment, and rehabilitation for persons affected by alcohol or drug abuse. The SAC studies current technologies and recommends appropriate preparation, training, and distribution of manpower and its resources in the provision of services through private and public residential facilities, day programs, and other specialized services. The SAC recommends what specific methods, means, and procedures should be adopted to improve and upgrade the service delivery system, and participates in developing and disseminating criteria and standards to qualify facilities, programs, and services for state funding. Five Regional Advisory Councils (RACs), representing the Division's five planning regions, work with the SAC to identify and study local needs.

The SAC and RACs consult with the Division's district administrators, treatment coordinators, and prevention specialists. The treatment coordinators monitor the Division-funded treatment programs and their utilization rates and refer prospective clients to programs which are the most appropriate, accessible, and available. The prevention specialists monitor Division- funded prevention programs and provide consultation on appropriate strategies. The district administrators gather input from their staffs, the advisory council members, and other sources to develop a thorough understanding of the service gaps in their districts with regard to locations, types of services, and populations to be served. The Division's executives utilize data from the needs assessment models and consult with the district administrators on decisions involving program expansions and reallocations. Information from these multiple sources helps ensure that the Division expends its funds to provide services in communities and for populations with the greatest needs.

In late 2003, an additional advisory source was added for prevention with the establishment of a Governor-appointed State Incentive Planning Grant Advisory Committee. The committee is comprised of representatives of other state agencies, stakeholders, and providers and is accessing information around needs and existing resources for prevention. The Advisory Committee will develop a strategic plan and

make recommendations for future prevention programming.

In a narrative of up to two pages, describe the process your State used to facilitate public comment in developing the State's plan and its FFY 2005 application for SAPT Block Grant funds.

The Missouri Advisory Council on Alcohol and Drug Abuse, commonly referred to as the State Advisory Council (SAC), and its network of five Regional Advisory Councils (RACs) constitutes a formal mechanism to ensure that Missouri citizens have an opportunity to participate in and express their views regarding the state's publicly funded substance abuse prevention and treatment system managed by the Division of Alcohol and Drug Abuse. The State Advisory Council's statutory mandate is to collaborate with the Division to disseminate public information about alcohol and drug abuse; review current social technologies and recommend improvements to substance abuse prevention and treatment programs based upon scientific evidence; recommend what should be changed--and how--to improve and update the substance abuse service delivery system; and participate in developing standards for prevention and treatment services.

The State Advisory Council has 25 members consisting of service providers, consumers (recipients of services or family members of recipients), and other interested citizens. The Council meets regularly and holds conference calls to receive updates from Division staff and provide feedback on budget-related matters, legislative initiatives, strategic planning and performance measurement development, and other aspects of the service delivery system. The Council appoints ad hoc committees as needed to address priority issues and make recommendations to the Division of Alcohol and Drug Abuse. Each Regional Advisory Council (RAC) meets periodically and encourages discussion and analysis of local prevention and treatment issues, seeking input from individuals, agencies, and organizations involved in or impacted by substance abuse. Some RAC members also have roles as members of community-based prevention teams and coalitions, comprised of volunteers who provide leadership in substance abuse prevention, intervention, and policy development. The RAC chairpersons attend the regular meetings of the State Advisory Council and work with the SAC on various projects.

The content of the SAPT block grant application reflects some of the recommendations generated through this citizen input. The compressed time frame for preparing the SAPT application precludes a full review by the advisory council network prior to its submission to the Center for Substance Abuse Treatment. Beginning with the FFY 2004 SAPT application, each application is posted to the Missouri Division of Alcohol and Drug Abuse website at http://www.dmh.missouri.gov/ada/index.htm. The Division notifies the SAC and RAC members of the application submission, encourages them and their constituents to review it, and asks them to communicate their comments to the Division's central and district office staff for consideration in developing the next application. This process provides for ongoing access to the SAPT applications and feedback from the advisory network and the general public.

Missouri

How your State determined matrix numbers

How your State determined the numbers for the matrix

States are required to utilize data from CSAT or CSAP needs assessment contracts. If your State did not use this data, using up to three pages, explain what methods your State used to estimate the numbers of people in need of substance abuse treatment services, the biases of the data, and how the State intends to improve the reliability and validity of the data. Also indicate the sources of data used in making these estimates. In addition, provide any necessary explanation of the way your State records data or interprets the indices in columns 6 and 7.

Column 1: Substate planning area

The Division of Alcohol and Drug Abuse configures Missouri into five large planning regions, each consisting of clusters of counties referred to as Service Areas. Missouri's three largest cities anchor three of these regions. Kansas City is located in the Northwest Region, St. Louis is in the Eastern Region, and Springfield is in the Southwest Region. Columbia, the fifth largest city, is in the Central Region. Cape Girardeau is the largest city in the Southeast Region.

Column 2: Total population

The population of each sub-state region listed on Form 8 is the 2002 population estimate reported by the Missouri Census Data Center.

Column 3: Total population in need

Recent estimates of treatment need are provided by the second State Treatment Needs Assessment Program study (STNAP-II) conducted by the Missouri Division of Alcohol and Drug Abuse and the Research Triangle Institute (RTI). Funding for the study was provided by the Center for Substance Abuse Treatment. The study was conducted during federal fiscal years 2000-2003 and included telephone surveys of household adolescents and adults, interviews with inmates in four large county jails, and collection and analysis of data from other sources. Three study reports and the Missouri Automated Integration Model (AIM) were developed from STNAP-II. AIM is a software product that generates estimates of adult substance abuse treatment need for mutually-exclusive (gender, age group, and race/ethnicity) and non-exclusive (adult pregnant women, injection drug users, and impaired traffic offenders) populations. The AIM generates estimates by planning region as reported on Forms 8 and 9 and also provides estimates for the 20 Service Areas of the Division of Alcohol and Drug Abuse. Each Service Area is fully contained within a planning region, so the regional data is disaggregated to produce the Service Area estimates based mainly on the household survey responses in each area.

The output data from the AIM are published in the study report titled *Integrating Population Estimates of Substance Abuse Treatment Need in Missouri: 2003 Update*. The STNAP-II study concludes that 10.4 percent of adults in households with telephones -- and 13.3 percent of adults in households without telephones -- need treatment. An estimated 37.1 percent of institutionalized adults and 36.0 percent of the homeless in Missouri need treatment. Among the incarcerated, the estimated treatment need rate is 53.4 percent for state prison inmates and 66 percent for jail inmates. An estimated 5.8

percent of household youth need substance abuse treatment. A total of 491,224 Missouri residents are estimated to need treatment services; their distribution by planning region is recorded in column 3A on form 8.

Column 3B reports estimates of the number who would seek treatment but are not currently being served. The STNAP-II household and jail interviews included questions designed to measure intent to seek treatment. Based on those responses the integrative study estimates that, among those who need treatment, 12.5 percent of the household adults, 50 percent of the non-household adults, and 20 percent of the adolescents would seek treatment. These percentages result in an estimate of 79,135 Missouri adults and adolescents who would seek treatment -- 16.1% of the population needing treatment. In state fiscal year 2003, Division-funded substance abuse treatment services were provided to 33,239. Of these, 33,173 were Missouri residents identifiable by ADA planning region and included on Form 8. By subtracting the served residents from the 79,135 who would seek treatment, an estimated 45,962 residents had an unmet need for substance abuse treatment services in fiscal year 2003.

Column 4: Number of IVDUs in need

Injection drug users are one of the non-exclusive populations included in the STNAP-II study's prevalence estimates. The study estimates Missouri has 12,378 injection drug users, and all of them need treatment. They are quantified by planning region in column 4A. The study does not provide estimates of the number of injection drug users who would seek treatment, but does estimate that 50 percent of the non-household adults in each population group (homeless, institutionalized, and incarcerated) would seek treatment. Therefore, the 50 percent figure is applied to the number of injection drug users needing treatment to provide an estimate of the number who would seek treatment. A total of 3,531 injection drug users were served in state-supported treatment programs in FY 2003. The planning regions of 3,525 of these clients are known. These numbers are subtracted from the number who would seek treatment to constitute the unmet treatment need estimates for injection drug users in Column 4B.

Column 5: Number of women in need

Column 5A consists of estimates of adult female treatment need derived from the Automated Integration Model. An estimated 144,665 adult women (age 18 and older) need treatment, and 24,195 of them would seek treatment. In fiscal year 2003, adult women receiving Division-funded treatment services totaled 9,981. Of these, 9,957 are Missouri residents whose residence by planning region is known. For each region, the number of adult women receiving treatment is subtracted from the number who would seek treatment. The calculations result in an estimate of 14,202 women with an unmet need for substance abuse treatment services in fiscal year 2003.

Limitation of Data in Columns 3, 4, and 5

The STNAP-II study was based heavily on the household survey of adults and adolescents. Sufficient numbers of surveys were conducted in each planning region to ensure reliable sampling by region. However, possibly as a result of smaller than desirable numbers of interviews completed and the distribution of these interviews within

some of the more finite Service Areas, estimates of treatment need were higher or lower than expected in some geographic areas. The data could be improved by conducting in-depth studies focusing on specific Service Areas, integrating the STNAP-II data with results from Missouri interviews conducted for the National Survey on Drug Use and Health, and developing a standard methodology for weighting various types of social indicator data and integrating them with survey data. The household telephone interviews were difficult to conduct due to high refusal rates and the state's No-Call list, so other methods for conducting personal interviews should be considered in future studies.

Column 6: Prevalence of substance-related criminal activity

DWI arrests, drug arrests, and boating while intoxicated (BWI) arrests are included in the Uniform Crime Reporting (UCR) system. Data is coded according to the county of arrest and aggregated to the Division of Alcohol and Drug Abuse planning regions. BWI was selected for reporting in the optional column because Missouri has a large number of lakes and navigable streams. Intoxicated boating crashes and other alcohol related injuries associated with water recreation are a significant problem in the state.

Column 7: Incidence of communicable diseases

The data on hepatitis-B, AIDS, and tuberculosis are provided by the Missouri Department of Health. The data are aggregated to the Division of Alcohol and Drug Abuse planning regions based on the county of residence of the person with the disease. The rate is based on the number of cases in the county per 100,000 county residents in accordance with the 2002 population estimates.

Missouri

Attachment F: Group Home Entities

Attachment F: Group Home Entities and Programs
(See 42 U.S.C. 300x-25; 45 C.F.R. 96.129; and 45 C.F.R. 96,122(f)(1)(vii))

Provide a list of all entities that have received loans from the revolving fund during FY 2002 to establish group homes for recovering substance abusers. In a narrative of up to two pages, describe the following:

- *the number and amount of loans made available during the applicable fiscal years;*
- *the amount available in the fund throughout the fiscal year;*
- *the source of funds used to establish and maintain the revolving fund;*
- *the loan requirements, application procedures, the number of loans made, the number of repayments, and any repayment problems encountered;*
- *the private, nonprofit entity selected to manage the fund;*
- *any written agreement that may exist between the State and the managing entity;*
- *how the State monitors fund and loan operations; and*
- *any changes from previous years operations.*

The Anti-Drug Abuse Act of 1988 (Pub. I. 100-690, approved November 18, 1988) amended Subpart I of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x) by adding a new section 1916A establishing a program entitled Group Homes for Recovering Substance Abusers.

Under the Alcohol and Drug Abuse and Mental Services (ADMS) Block Grant, the Missouri Department of Mental Health established the Group Home Revolving Loan fund by contract with the Missouri Housing Development Commission (MHDC) effective August 11, 1989. States were required to establish the revolving fund in the amount of $100,000. States must establish, directly or through the provision of a grant or contract to a non-profit entity, a revolving loan fund.

By law, individual loans for the establishment of programs to provide housing may not exceed $4,000 each. The loans are to be repaid within a 2 year period. These funds are to be used to provide start-up loans to groups of recovering individuals.

As stipulated in accordance with the specifications in the Block Grant legislation, the loans have specific requirements. As application must be submitted to the Department of Mental Health and signed by at least six recovering individuals who have completed alcohol and/or drug treatment. They must want to start a self-run, self-supported alcohol and drug free house. After reviewing the application, the Department of Mental Health forwards the application Oxford House World Services and after a review has been completed, a check is forwarded to the applicant (borrower). Loan checks are not made payable to individuals but in the name of the house which is designated by the name of the street or town where it is located. Loan repayment schedules are in 12, 18, or 24 month installments. No loan payments are due for the first 30 days after the original loan is issued. No interest is charged to the borrower on the principal on the loan. Repayments are made to Oxford House World Services where they are deposited into the revolving loan fund. Late payments from the borrower are assessed a 20% or $25.00 if not received as scheduled.

There were eleven (11) loans made in 2002 of which nine (9) were new Oxford House openings and two (2) were refinancing for existing houses. The amount of funds available at the time of these loans was between $34,000 and $62,000. Other existing loans were being repaid while new loans were approved to open the new houses. A monthly report is forwarded by Oxford House World Services giving details for each loan and payment schedule. Every house that has a loan receives a payment book and is contacted is scheduled payments are late or have not been received.

The Oxford House program coordinator receives the loan report from Oxford House World Services detailing the activity of every house on a monthly basis. Any house experiencing financial difficulty will be contacted and counseled by the Drug Free Group Home Specialist who is employed by the Department of Mental Health. Technical assistance is provided by the Drug Free Group Home Specialist and can be contacted through an 800 telephone number. There are three individuals who are employed by the Department that comprise this team. Through publications, meetings and workshops the Division of

Alcohol and Drug Abuse has mad education of the Oxford House concept a priority for legislators, communities, and local government agencies throughout Missouri.

As of June 30, 2002, 94 loans have been committed in Missouri for drug-free group homes. These homes are located in 15 Missouri cities. More than $300,000 has been loaned to open Oxford Houses in Missouri since 1989. There are 60 houses in the state where 365 men and 73 women make their home.

Missouri was one of a few states that initially welcomed the Oxford House program when it was first offered. Since that time, Missouri has seen its share of successes and failures. Because it has been through the good and tough times, Missouri recognizes the value of continuing to provide safe and affordable housing programs for individuals after their completion of substance abuse treatment.

CENTRAL REGION			
Alhambra	107 E. Alhambra	Columbia, MO 65203	M 573/443-2640
Bicknell	104 Bicknell	Columbia, MO 65203	M 573/442-7084
Calico	2504 Calico St.	Columbia, MO 65202	M 573/474-0035
Cougar	600 Rogers St.	Columbia, MO 65203	M 573/442-2330
Jewell	111 Benton St.	Columbia, MO 65203	W 573/256-4831
Leslie	19 E. Leslie	Columbia, MO 65202	M 573/256-5221
Main Street	1601 S. Franklin St.	Kirksville, MO 63501	M 660/665-3297
Nelwood	2501 Nelwood Dr.	Columbia, MO 65202	M 573/814-0888
Proctor	314 Proctor Dr.	Columbia, MO 65202	M 573/874-9610
Quail	2614 Quail St.	Columbia, MO 65202	M 573/814-3900
Rothwell	220 Elliott Dr.	Columbia, MO 65201	W 573/256-8501
Seales	1400 W. Main St.	Jefferson City, MO 65109	M 573/635-7567
Sondra	921 Sondra	Columbia, MO 65203	M 573/875-5721
Spring Valley	338 Crown Point	Columbia, MO 65203	W 573/443-3571
Willowbrook	2501 Willowbrook Ct.	Columbia, MO 65203	M 573/474-0741
EASTERN REGION			
Allendale	3127 Meramec St.	St. Louis, MO 63118	M 314/353-5823
Chippewa	6408 Chippewa	St, Louis, MO 63109	M 314/353-2771
Clayton	6957 Clayton Rd.	St. Louis, MO 63110	M 314/863-7669
Fairview	2171 Hwy. 61	Festus, MO 63028	M 636/937-2514
Folsom	3939 Folsom	St. Louis, MO 63110	W 314/772-5032
Fountain	4848 Fountain	St. Louis, MO 63113	W/C 314/361-1829
Gravois	3943 Gravois	St. Louis, MO 63110	M 314/772-1303
Humphrey	3542 Humphrey	St. Louis, MO 63118	M 314/865-2928
Jarman	4506 S. Grand	St. Louis, MO 63118	W 314/351-1567
Lusher	11876 Lusher Rd.	Florissant, MO 63138	M 314/741-7536
McCausland	2017 McCausland	St. Louis, MO 63143	M 314/644-0971
McDonough	527 McDonough	St. Charles, MO 63303	M 636/947-6730
Michigan	7127 Michigan Ave.	St. Louis, MO 63118	M 314/351-2712
Monitor	3633 Meramec	St. Louis, MO 63116	W 314/752-1213
Montana	3655 Montana	St. Louis, MO 63116	M 314/351-2064
Osage	2715 Osage St.	St. Louis, MO 63118	W 314/772-6771
Portis	4430 Arsenal	St. Louis, MO 63118	M 314/776-5828
Shenandoah	720 Shenandoah	St. Louis, MO 63104	M 314/776-4883
St. Charles	225 N. 5th St.	St. Charles, MO 63301	M 636/940-0741
Winfield	60 Frankie Dr.	Winfield, MO 63389	M 636/566-6258
WESTERN REGION			
Blue Hills	1832 E. 49th St.	Kansas City, MO 64111	M 816/921-1012
Felix	1419 Felix	St. Joseph, MO 64501	M 816/232-4773
Harrison	3817 Harrison St.	Kansas City, MO 64109	M 816/931-9780
Hillcrest	9719 Hillcrest Rd.	Kansas City, MO 64134	M 816/761-3948
Holmes	2741 Holmes	Kansas City, MO 64108	M 816/842-1634
Karnes	3305 Karnes Blvd.	Kansas City, MO 64111	W 816/931-6731

Marlboro	1410 E. 77th Terrace	Kansas City, MO 64131	M 816/333-2267
Midget	3112 Linwood	Kansas City, MO 64128	M 816/861-4433 or 921-4107
Northeast	1229 Benton Blvd.	Kansas City, MO 64129	M 816/231-8086
Norwood	2934 S. Norwood	Independence, MO 64050	M 816/252-5703
Olive	3221 Olive St.	Kansas City, MO 64101	W 816/923-3314
Rockhill	5632 Charlotte	Kansas City, MO 64110	M 816/822-7134
St. Joseph	507 S. 10th	St. Joseph, MO 64501	M 816/232-8988
Walrond	2948 E. 28th St.	Kansas City, MO 64128	M 816/861-2480
SOUTHWESTERN REGION			
Catalina	1674 S. Catalina	Springfield, MO 65807	M 417/887-7783
Hynes	307 Hynes St.	West Plains, MO 65775	M 417/257-7084
Ingram Mills	3215 E. Southern Hills	Springfield, MO 65807	M 417/877-8562
Kansas Avenue	1558 W. Cherokee	Springfield, MO 65807	M 417/832-0796
Kerr	953 W. Kerr	Springfield, MO 65803	M 417/864-6316
McCann	820 S. McCann St.	Springfield, MO 65802	W 417/863-0244
Moffet	529 Moffet St.	Joplin, MO 65801	M 417/623-4347
Outdoor	189 Outdoor	Branson, MO 65616	M 417/336-9496
6th Street	603 E. 6th St.	Branson, MO 65616	M 417/339-2826
Vaughn	1002 Chippewa	Branson, MO 65616	M 417/339-2826
Wall	1422 S. Wall Ave.	Joplin, MO 64804	W 417/623-8984
Summit	314 Summit	West Plains, MO 65775	W 417/257-8859
TECHNICAL ASSISTANCE STAFF			
1/800-575-7480 ADA Toll Free Number			
Al Myers	573/751-8677		
Jacquie Lockett	314/877-0386		
David Cikesh	816/482-5763		
M = Men	W = Women	W/C = Women & Children	
Revised 6/15/04			

Missouri

Attachment B: Programs for Women (contd.)

In up to four pages, answer the following questions:

Identify the name, location (include substate planning area), NFR ID number, type of care (refer to definitions in Section II.5), capacity, and amount of funds made available to each program designed to meet the needs of pregnant women and women with dependent children.

The capacity of CSTAR programs in all three levels is unlimited because it is an intensive outpatient program. However, the residential component at facilities is limited to16 beds for the primary clients and 10 beds for children. Housing can be made available for families that are homeless or alienated from their families of origin. All the women's facilities have access to supportive housing money, and therefore can offer additional safe housing options.

The number of clients served in all three levels in FFY 2002at the women's treatment programs by agency was: BASIC - 419, Bridgeway Counseling Services, Inc. - 866, Family Counseling Center of Missouri, Inc. - 443, Family Counseling Center, Inc. - 388, Family Self-help Center - 258, Hannibal Council on Alcohol and Drug Abuse - 328 Alternative Opportunities - 428, New Beginnings Alt-Care - 345, Queen of Peace Center - 656, Renaissance West, Inc. - 174, and Research Mental Health Services - 544. Included is a list of all women's and children's CSTAR programs in Missouri including the Substate Planning Area (SPA) and the National Federal Registry (NFR) ID.

BASIC (Black Alcohol/Drug Service Information Center)
Locust, Suite 800
St. Louis, MO 63103
SPA: Eastern Region
NFR ID: MO100880

Bridgeway Counseling Services
307 North Main
St. Charles, MO 63301
SPA: Eastern Region
NFR ID: MO101136, MO101458

Family Counseling Center of Missouri, Inc.
McCambridge Center for Women
201 North Garth
Columbia, MO 65203
SPA: Central Region
NFR ID: MO101003

Family Counseling Center, Inc.
Cape Girardeau CSTAR
20 South Sprigg, Suite #2
Cape Girardeau, MO 63701

SPA: Southeastern Region
NFR ID: MO101123

Family Self-Help Center
Lafayette House Serenity Program
Box 1765, 1809 Connor Avenue
Joplin, MO 64802
SPA: Southwestern Region
NFR ID: MO101029

Hannibal Council on Alcohol and Drug Abuse
146 Communications Drive
Hannibal, MO 63401
SPA: Northern Region
NFR ID: MO101219

Alternative Opportunities
Carol Jones Recovery Center for Women
2411 West Catalpa Street
Springfield, MO 65807
SPA: Southwestern Region
NFR ID: MO903879

New Beginnings Alt-Care
3901 N Union Blvd, Suite 101
St. Louis, MO 63115-1130
SPA: Eastern Region
NFR ID: MO102092

Queen of Peace Center
325 North Newstead
St. Louis, MO 63108
SPA: Eastern Region
NFR ID: MO100591

Renaissance West, Inc.
5840 Swope Parkway
Kansas City, MO 64127
SPA: Western Region
NFR ID: MO100898

Research Mental Health Services North Star Recovery Services
2801 Wyandotte
Kansas City, MO 64108
SPA: Western Region
NFR ID: MO101094

2. What did the State do to ensure compliance with 42 U.S.C. 300x-22(c)(1)(C) in spending FFY 2002 *block grant funds?*

Treatment for women in the State of Missouri has expanded remarkably over the past fourteen years, due in part to the block grant funds. Missouri's Division of Alcohol and Drug Abuse has moved from providing treatment slots for women in integrated programs to developing programs designed specifically for women and their children. Twelve contracts with multiple treatment site locations have implemented Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs specifically designed for women and their children in Missouri. Two of the CSTAR programs are a joint endeavor with the Missouri Department of Corrections to provide alcohol and drug treatment to women on probation and parole. The women's dependent children were provided child care and treatment for physical, emotional and behavioral conditions brought about by their mothers' addiction. In this manner, the mandate of Section 1922(c) in spending FFY 2002 block grant funds for at least a 5% set aside has been exceeded.

What special methods did the State use to monitor the adequacy of efforts to meet the special needs of pregnant women and women with dependent children?

The programs specialized to meet the special needs of pregnant women and women with dependent children are monitored on a regular basis. All CSTAR treatment providers receive a certification site survey annually from a team of treatment certification specialists. The programs are reviewed with a set of comprehensive CSTAR standards. In addition to this annual survey, Division staff performs contract compliance visits annually and make technical assistance visits when necessary.

What sources of data did the State use in estimating treatment capacity and utilization by pregnant women and women with dependent children?

The State uses data reported by the contract providers on a routine basis for monitoring the treatment capacity and utilization by women. The Department of Mental Health maintains a central data system that identifies, among other data, the services provided, number of clients, and demographics (including pregnancy at admission) of clients. Requests for the treatment of women have increased substantially over the past fourteen years. In 2000, a *Placement of Expanded Treatment Services* document was developed to assist the division in placement of new CSTAR – Women and Children's programs as funds became available. Through these mechanisms, areas of the state that require additional treatment resources are identified and new programs are planned.

What did the State do with FFY 2002 block grant funds to establish new programs or expand the capacity of existing programs for pregnant women and women with dependent children?

The State of Missouri has been a leader in providing quality substance abuse treatment services to women and their children. The Division has 12 contracts providing CSTAR programs specifically for women at multiple locations. Every year there is an increase in

the number of women served in state funded programs. The CSTAR Women & Children client numbers served have increased from 2,548 in FY1995 to 5,159 in FY2002 for primary clients.

Missouri

Attachment C: Programs for IVDU

Attachment C: Programs for Intravenous Drug Users (IVDUs) (See 42 U.S.C. 300x-23; 45 C.F.R. 96.126; and 45 C.F.R. 96.122(f)(1)(ix)

1. How did the State define IVDUs in need of treatment services?

IVDUs include all substance abusing persons whose primary, secondary, or tertiary route of administration is by needle, whether intravenously or intramuscularly.

2. What did the State do to ensure compliance with 42 U.S.C. 300x-22(a)(2) and 300x-23 of the PHS Act as such sections existed after October 1, 1992, in spending FFY 2002 SAPT Block Grant funds (See 45 C.F.R. 96.124(a)(2) and 96.126(a))?

During FY 2002 Missouri had set-aside funds earmarked exclusively for IVDU prevention and treatment services, and contracted with specialized programs to provide those services.

Funds were allocated to two primary program modalities to treat IVDUs: Opioid treatment programs provided services including prescription and dispensing of methadone, combined with appropriate medical and social services to decrease the morbidity of withdrawal from heroin or other morphine-like drugs. Comprehensive Care Programs treated IVDUs in an intensive residential care setting. Outpatient counseling was also provided, both as primary care and aftercare.

These programs are located primarily in the urban areas of Kansas City and St. Louis. However, IVDUs were admitted to and treated in other Division-funded primary recovery and outpatient programs throughout the State.

3. What did the State do to ensure compliance with 42 U.S.C. 300x-31(a)(1)(F) of the PHS Act prohibiting the distribution of sterile needles for injection of any illegal drug (See 45 C.F.R. 96.135(a)(6))?

Contract providers were required by contract to comply with this section of the law. The prohibition also included distribution of bleach for the purpose of cleaning needles for such injection. We monitored compliance with these requirements by using regional staff to conduct on-site reviews. Our monitoring did not uncover any violation or failure to comply with these requirements.

4. 42 U.S.C. 300x-23(a)(1) requires that any program receiving amounts from the grant to provide treatment for intravenous drug abuse notify the State when the program has reached 90 percent of its capacity. Describe how the State ensured that this done. Please provide a list of all such programs that notified the State during FFY 2002 and include the program's I-SATS ID (See 45 C.F.R. 96.126(a)).

Throughout FFY 2002 all providers operated at or near capacity, with all agencies maintaining at least 90 percent capacity. Agencies not at capacity were quickly filled

with referrals from waiting lists from other treatment programs.

5. *42 U.S.C. 300x-23(a)(2)(A)(B) of the PHS Act requires that an individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment within 14-120 days? Describe how the State ensured that such programs were in compliance with the 14-120 day performance requirement (See 45 C.F.R. 96.126(b)).*

Program providers were required by contract to admit within 14-120 days of request any client who used injecting drugs within 30 days or less, or who was in imminent danger of relapse. Often the program will make referrals to other resources in the community, for example, private pay opioid treatment program or detoxification programs. Compliance with these regulations was monitored by regional staff by on-site visits using the Block Grant Compliance Checklist.

6. *42 U.S.C. 300x-23(b) of the PHS Act required any program receiving amounts from the grant to provide treatment for intravenous drug abuse carry out activities to encourage individuals in need of such treatment to undergo treatment. Describe how the State ensured that outreach activities directed toward IVDU's was accomplished (See 45 C.F.R. 96.126(e)).*

In FFY 2002, the Division contracted with community-based providers in the Kansas City and St. Louis areas for needs assessment, public information through the media, and one-on-one intervention with identified abusers.

These outreach programs included:

a Selecting, training, and supervising outreach workers.
b Contacting, communicating and following up on high-risk users and their associates within the constraints of federal and state confidentiality requirements.
c Promoting awareness among injecting abusers about the relationship between injection and communicable diseases such as HIV.
d Recommendations on ways to prevent HIV transmission.
e Encouraging entry into treatment.

Outreach staff searched for at-risk users on street corners and in vacant buildings. Classroom and community presentations were also provided. Special populations targeted included prostitutes (through county and municipal courts) and probation/parole clients with a history of drug abuse. General community education focused on information and referral to appropriate resources.

Missouri

Attachment J: Waivers

[No Current Narrative Information]

Missouri

Attachment D: Program Compliance Monitoring

Attachment D: Program Compliance Monitoring (See 45 C.F.R. 96.122(f)(3)(vii))

The Interim Final Rule (45 C.F.R. Part 96) requires effective strategies for monitoring programs' compliance with the following sections of the PHS Act: 42 U.S.C. 300x-23(a); 42 U.S.C. 300x-24(a); and 42 U.S.C. 300x-27(b).

For the fiscal year two years prior (FFY 2003) to the fiscal year for which the State is applying for funds:

In up to three pages provide the following:

! A description of the strategies developed by the State for monitoring compliance with each of the sections identified below:

1. Notification of Reaching Capacity 42 U.S.C. 300x-23(a) (See 45 C.F.R. 96.126(f) and 45 C.F.R. 96.122(f)(3)(vii));

2. Tuberculosis Services 42 U.S.C. 300x-24(a) See 45 C.F.R. 96.127(b) and 45 C.F.R. 96.122(f)(3)(viii)); and

3. Treatment Services for Pregnant Women 42 U.S.C. 300x-27(b) (See 45 C.F.R. 96.131(f) and C.F.R. 96.122(f)(3)(vii)).

! A description of the problems identified and corrective actions taken.

1. Notification of Reaching Capacity

All treatment agencies in Missouri continue to remain at or near capacity. Monitoring procedures are in place to assist clients in accessing treatment as quickly as possible. Agency activity levels are monitored at the regional level through the Regional Administrators and Area Treatment Coordinators in their respective regional offices. The Clinical Review section also monitors capacity at the central office level. Missouri's treatment agencies, through a cooperative effort of the regional offices, maintain contact with each other and agencies not at capacity are quickly filled with referrals from other agencies.

The Division continued to look for ways to serve more clients efficiently and effectively maximizing the limited treatment dollars. Demand for treatment continues to be greater than available services.

2. Tuberculosis Services

All drug and alcohol treatment facilities are required by contract to make testing for tuberculosis available. Some facilities provide testing on site while others refer clients to the local health department. The treatment facilities have established and maintained good working relationships with their local health departments. Clients have access to

testing at any time during their treatment. Agencies may not deny access to treatment based on a positive test result providing the individual does not have active disease. Providers of treatment are required by contract to make appropriate referrals for persons seeking services who are not admitted to their program. Treatment programs can collaborate with the local health department for treatment staff to observe individuals taking preventive medicine for a positive tuberculosis skin test.

If an agency has difficulty finding services or has concerns about referring someone with positive tuberculosis test results, a treatment specialist from the Division will be consulted. The treatment specialist would then assess the needs of the client, advise agency staff of procedures and protocols and if necessary seek assistance from the Department of Health, Bureau of Tuberculosis Control in determining appropriate services.

On-going training opportunities and education of provider staff is available through the Department of Mental Health and through local health departments. The Division's treatment specialists, regional administrators, and area treatment coordinators will continue to work with treatment providers and county health departments to maintain and improve tuberculosis services. Through site certification surveys, contract compliance reviews, and technical assistance visits, the division will monitor tuberculosis services including but not limited to: screening, referral, testing procedure, counseling, and confidentiality. Site certification surveys and contract compliance reviews are conducted once a year and technical assistance visits as needed.

The infection control recommendations and protocols include but are not limited to the following procedures: screening of patients, identification of those individuals who are at high risk of becoming infected, and meeting all state reporting requirements while adhering to federal and state confidentiality requirements.

In order to assure that the TB services listed below are provided or arranged the Division performs the monitoring functions discussed above.

Services include counseling about TB, health risks, and risks of transmission; testing to determine whether the individual has been infected with mycobacteria tuberculosis to determine the appropriate form of treatment for the individual; and providing for or referring individuals infected by TB for appropriate medical evaluation and treatment.

3. Treatment Services for Pregnant Women

Through contractual requirement, all service providers that specialize in women's treatment must give priority to pregnant women seeking admission to treatment. Also CSTAR certification standards (9 CSR 30-3.190 Specialized Program for Women and Children) state that "Priority shall be given to women who are pregnant or postpartum" and that "The program shall engage in all activities necessary to ensure the actual admission of and services to those women who meet priority criteria." Compliance is monitored through annual certification surveys, annual contract compliance visits at each

agency, as well as through the clinical review section which reviews approximately 20% of the clients for continued authorization of services.

Missouri

Attachment H: Independent Peer Review

Attachment H: Independent Peer Review *(See 45 C.F.R. 96.122(f)(3)(v))*

For the fiscal year two years prior (FFY 2003) to the fiscal year for which the State is applying for funds:

*In **up to three pages** provide a description of the State's procedures and activities undertaken to comply with the requirement to conduct independent peer review during FY 2003 (See 42 U.S.C. 300x-53(a) and 45 C.F.R. 96.136.)*

*Examples of **procedures** may include, but not be limited to:*

__ the role of the single State authority (SSA) for substance abuse prevention activities and treatment services in the development of operational procedures implementing independent peer review;
__ the role of the State Medical Director for Substance Abuse Services in the development of such procedures;
__ the role of the independent peer reviewers; and
__ the role of the entity(ies) reviewed

*Examples of **activities** may include, but not be limited to:*

__ the number of entities reviewed during the applicable fiscal year;
__ technical assistance made available to the entity(ies) reviewed; and
__ technical assistance made available to the reviewers, if applicable.

The Division of Alcohol and Drug Abuse has been contractually requiring all treatment providers to participate in independent peer review since July, 1993. Contracted providers have been cooperating with this requirement each year since that time. Seven reviews were conducted in FY 2000, seven in FY 2001, six in FY2002, seven in FY2003 and seven in FY2004.

The independent peer reviews have been conducted on a wide range of treatment modalities. These included treatment modalities such as social setting detoxification, residential, outpatient, opioid treatment, compulsive gambling, and CSTAR adolescent, general population, and women and children's programs.

Peer Review Contract Language requires:

1. The contractor shall make staff available for the Peer Review process in accordance with the following conditions:

- A maximum of five (5) days of staff time may be required during each contract period;
- The contractor and the Department will mutually agree upon the date, time, and location of the peer reviews;
- Travel expenses will be reimbursed per the Department regulations;
- Peer reviewers will be accompanied by staff from the Department and will not be expected to work alone; and
- The peer review process will focus on the quality, appropriateness, and efficacy of treatment services provided as well as other areas, as defined by the Department.

2. Peer review staff shall submit a written report of their findings and recommendations, to the District Administrator of the District in which the peer review was conducted, within ten (10) working days of completion of the review.

The peer review process has proven effective in providing valuable feedback to the treatment providers. A reporting system is in place to encapsulate information collected through the review process. Area Treatment Coordinators are responsible for initiating the peer review process. Copies of the report are distributed to regional administrators, treatment staff and the Division's fiscal section. The reports are given to the providers being reviewed. The Area Treatment Coordinators then conduct follow-up on issues identified in the reports.

The reviewed agencies respect the feedback from their peers, who understand direct care services from the same perspective. The review is useful to the agency and to the reviewer, who has an opportunity to share ideas on program operations. The information is also useful to the Division's treatment specialists and other staff that provide technical assistance to the agencies statewide. In addition to contract compliance, the role of the Area Treatment Coordinator is to provide technical assistance and/or arrange for the technical assistance visits. Some of the feedback provided through the peer review process includes suggestions regarding treatment planning, documentation, and cultural diversity.

Federal Confidentiality Regulations are observed throughout the individual peer review process. All members of the peer review team are knowledgeable of—and agree to comply with—federal confidentiality regulations in carrying out their assigned duties.

Missouri

Attachment G: Capacity Management

Attachment G: Capacity Management and Waiting List Systems (See 45 C.F.R.96.122(f)(3)(vi) for funds:

For the fiscal year two years prior (FFY 2003) to the fiscal year for which the State is applying for funds:

In up to five pages provide a description of the state's procedures and activities undertaken, and the total amount of funds expended (or obligated if expenditure data is not available), to comply with the requirements to develop capacity management and waiting list systems for intravenous drugs users and pregnant women (See 45 C.F.R.96.126 (c) and 45 C.F.R.96.131.(c) respectively). This report should include information regarding the utilization of these systems.

Examples of procedures may include, but not be limited to:

__ development of procedures (and any subsequent amendments) to reasonably implement a capacity management and waiting list system;
__ the role of the single State authority (SSA) for substance abuse prevention and treatment;
__ the role of intermediaries (county or regional entity), if applicable, and substance abuse treatment providers; and
__ the use of technology, e.g., toll-free telephone numbers, automated reporting systems, etc.

Examples of activities may include, but not be limited to:

__ how interim services are made available to individuals awaiting admission to treatment;
__ the mechanism(s) utilized by programs for maintaining contact with individuals awaiting admission to treatment
__ technical assistance

The Single State Agency for the State of Missouri addresses the requirements for developing capacity management and waiting list systems for intravenous drug users and pregnant women through several methods:

1. Certification Standards for Alcohol and Drug Abuse Programs

The capacity management systems for the Division of Alcohol and Drug Abuse (ADA) are addressed in standards imposed on providers of treatment services through the Certification Standards for ADA programs. These Certification Standards are codified as state regulations in the Code of State Regulations (CSR) and filed with the Missouri Secretary of State. Relevant standards include:

9 CSR 10-7.030 (1) (Service Delivery Process and Documentation) requires each individual requesting service shall have prompt access to a screening in order to

determine eligibility and to plan an initial course of action, including referral to other services and resources, as needed.

(A) At the individual's first contact with the organization (whether by telephone or face-to-face contact), any emergency or urgent service needs shall be identified and addressed.

1. Emergency service needs are indicated when a person presents a likelihood of immediate harm to self or others. A person who presents at the program site with emergency service needs shall be seen by a qualified staff member within fifteen (15) minutes of presentation. If emergency service needs are reported by telephone, the program shall initiate face-to-face contact within one (1) hour of telephone contact or shall immediately notify local emergency personnel capable of promptly responding to the report.

2. Urgent service needs are indicated when a person presents a significant impairment in the ability to care for self but does not pose a likelihood of immediate harm to self or others. A person with urgent service needs shall be seen within forty-eight (48) hours, or the program shall provide information about treatment alternatives or community supports where available.

3. Routine service needs are indicated when a person requests services or follow-up but otherwise presents no significant impairment in the ability to care for self and no apparent harm to self or others. A person with routine service needs should be seen as soon as possible to the extent that resources are available.

(B) The screening shall include basic information about the individual's presenting situation and symptoms, presence of factors related to harm or safety, and demographic and other identifying data.

(C) The screening—

1. Shall be conducted by trained staff;

2. Shall be responsive to the individual's request and needs; and

3. Shall include notice to the individual regarding service eligibility and an initial course of action. If indicated, the individual shall be linked to other appropriate services and resources in the community.

9 CSR 30-3.190 (1) (Specialized Program for Women and Children) requires that in programs that provide treatment solely to women and children, priority is given to women who are pregnant or postpartum.

9 CSR 10-7.010 (6) (Treatment Principles and Outcomes) requires (A) Services and supports shall be provided in the most appropriate setting available, consistent with the individual's safety, protection from harm, and other designated utilization criteria and (7) Essential Treatment Principle—Array of Services.

(A) A range of services shall be available to provide service options consistent with individual need. Emotional, mental, physical and spiritual needs shall be addressed whenever applicable.

1. The organization has a process that determines appropriate services and ensures access to the level of care appropriate for the individual.

2. Each individual shall be provided the least intensive and restrictive set of services, consistent with the individual's needs, progress, and other designated utilization

criteria.

3. To best ensure each individual's access to a range of services and supports within the community, the organization shall maintain effective working relationships with other community resources. Community resources include, but are not limited to, other organizations expected to make referrals to and receive referrals from the program.

4. Assistance in accessing transportation, childcare and safe and appropriate housing shall be utilized as necessary for the individual to participate in treatment and rehabilitation services or otherwise meet recovery goals.

5. Assistance in accessing employment, vocational and educational resources in the community shall be offered, in accordance with the individual's recovery goals.

9 CSR 3.100 (14) (Services Delivery Process and Documentation) requires that the Division of Alcohol and Drug Abuse conduct clinical review to "promote the delivery of services that are necessary, appropriate, likely to benefit the client, and provided in accordance with admission criteria and service definition."

9 CSR 30-3.132 (5) (Opioid Treatment Program) requires "the program shall provide treatment and rehabilitation, which includes the use of methadone, to those persons who demonstrate physiologic dependence to heroin and other morphine-like drugs. Priority for admission shall be given to women who are pregnant and to persons who are Human Immunodeficiency Virus (HIV) positive."

Agencies within close proximity of each other have developed informal telephone communications to refer clients to other programs when they are unable to meet the needs of those clients seeking treatment. This has proven to be an effective process. Also, the Division of Alcohol and Drug Abuse assists agencies in locating referral resources throughout the state.

Funds Expended or Obligated for the Federal Fiscal Year two years prior to the year for which the State is applying for funds:

These certification standards are part of the ongoing operations of the Missouri Division of Alcohol and Drug Abuse. In addition, the statewide network of treatment providers provides an easy vehicle for communication across provider agencies on topics related to treatment capacity. No direct costs can be attributed to complying with the capacity management and waiting list requirements of the block grant.

2. Information systems: Client Tracking, Registration, Admission, and Commitment (CTRAC)

The CTRAC information system designed and maintained by the Missouri Department of Mental Health has a registration option of screening/waiting rather than admission. The Division of Alcohol and Drug Abuse allows each provider to maintain contact with those clients on their waiting list in the manner each provider determines best or appropriate for their particular agency.

Funds Expended or Obligated for the Federal Fiscal Year two years prior to the year for which the State is applying for funds:

CTRAC is a component of the Missouri Department of Mental Health's client information infrastructure. Costs for complying with block grant capacity management and waiting list requirements are part of the ongoing costs of this infrastructure and cannot be estimated.

3. Toll-free Telephone Number

The Division of Alcohol and Drug Abuse has a toll-free number advertised for consumers to call in for referrals. Either central office or regional staff receive the calls and make referrals to treatment programs in the consumer's area.

There is no waiting list for pregnant women. They are the priority population listed in state code of regulation, contract language, memorandums and discussions with treatment providers.

Missouri

Attachment E: TB and Early Intervention Svcs

Attachment E: Tuberculosis (TB) and Early Intervention Services for HIV (See 45 C.F.R. 96.122(f)(1)(x))

For the fiscal year three years prior (FFY 2002) to the fiscal year for which the State is applying for funds:

Provide a description of the State's procedures and activities and the total funds expended (or obligated if expenditure data is not available) for tuberculosis services. If a designated State, provide funds expended (or obligated) for early intervention HIV services.

Examples of procedures include, but are not limited to:

- development of procedures (and any subsequent amendments), for tuberculosis services and, if a designated State, early intervention services for HIV, e.g., Qualified Services Organization Agreements (QSOAs) and Memoranda of Understanding (MOUs);
- the role of the single State authority (SSA) for substance abuse prevention and treatment; and
- the role of the single State authority for public health and communicable diseases.

Examples of activities include, but are not limited to:

- the type and amount of training made available to providers to ensure that tuberculosis services are routinely made available to each individual receiving treatment for substance abuse;
- the number and geographic location (include substate planning area) of projects delivering early intervention services for HIV;
- the linkages between IVDU outreach (See 42 U.S.C. 300x-23(b) and 45 C.F.R. 96.126(e)) and the projects delivering early intervention services for HIV; and
- technical assistance.

For fiscal year three years' prior (FY2002)

Description of the State's procedures and activities and total funds expended for TB services and early intervention for HIV.

Since 1989 the Division of Alcohol and Drug Abuse has provided TB and HIV services in the four publicly-funded methadone programs, and other selected treatment programs. Linkages between early intervention services for HIV and the IVDU Outreach Programs included methadone service providers as well as other identified efforts, particularly in St. Louis and Kansas City.

Since July 1, 1993 all substance abuse treatment programs have provided TB and HIV services to clients entering treatment by arranging with a nearby health clinic or like facility to provide clients with TB testing and counseling. Testing and other services are provided by the local health clinic with a referral from the substance abuse treatment program. All clients, whether admitted or not, are offered the service. Follow up counseling and ongoing services are then provided collaboratively between the substance

abuse provider and the health clinic. A Division Treatment Specialist coordinates the HIV and TB services with the Department of Health and Senior Services, local county health departments, and substance abuse programs to ensure services are available to all clients.

These services and local linkages between substance abuse programs and local clinics were evenly distributed statewide and involved all contracted program sites. All clients received a HIV/STD/TB/Hepatitis Risk Assessment at admission to treatment and appropriate referrals were made. Pre and post test counseling, testing and HIV education was available to clients in substance abuse treatment.

A Treatment Specialist from the Division of Alcohol and Drug Abuse maintained continued contact with contracted agencies and coordinated technical assistance education. A qualified contracted provider conducted regional trainings for treatment providers regarding HIV Prevention and Pre/Post Test Counseling. Additional services were provided to the Division by the Department of Mental Health, Office of Medical Affairs in the form of technical assistance and consultation. The Division adhered to the protocols established by the U. S. Centers for Disease Control and Prevention and the Missouri Department of Health and Senior Services (DHSS).

The responsibility for public health and communicable diseases is a secondary role, requiring close coordination of policy and program priorities between the Missouri DHSS and the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse. The Missouri DHSS assisted the Division by notifying local health departments of the need for coordination of services.

Missouri

Appendix A - Additional Supporting Documents (Optional)

[No Current Narrative Information]

Missouri

Goal # 17:

GOAL #17. An agreement to ensure that the State has in effect a system to comply with 42 U.S.C. 300x-65 and 42 C.F.R. part 54 (See 42 C.F.R. 54.8(c)(4) and 54.8(b), Charitable Choice Provisions and Regulations.

FY 2002 (Compliance): Not Applicable

FY 2004 (Progress):

FY 2005 (Intended Use):

FY 2004 (Progress):

In August 2004, a contract amendment was distributed to all providers of SAPT Block Grant treatment services requiring that if they are religious organizations, they declare themselves as such and comply with Charitable Choice requirements by:

- Providing notice to program beneficiaries utilizing the model language in the final regulations;
- Maintain a record of requests for alternative services based upon religious objection or preference;
- Provide referrals to alternative services based upon such requests;
- Report requests and referrals to the SSA on an annual basis.

It was made clear that the contract amendment applies to contractors as well as their subcontractors. Declarations of religious organizations are due during the course of State fiscal year 2005 (ending June 30, 2005), with the first report of requests and referrals under Charitable Choice due in July 2005.

For all types of substance abuse treatment settings, Missouri Code of State Regulations requires that the right of an individual to not be denied admission or to receive services shall not be limited based on creed. For residential settings and where otherwise applicable, the right of an individual to attend or not attend religious services shall not be limited (9 CSR 10-7.020 Rights, Responsibilities, and Grievances.)

FY 2005 (Intended Use):

As of September 1, 2004, the Division's contract amendment stating requirements for "Charitable Choice Provisions for Religious Organizations" is effective. Providers that are religious organizations are required to maintain a log and submit an annual report to the Division of requests for alternative services based upon religious objections.

The Access to Recovery Grant will allow Missouri to conduct extensive training and outreach for faith-based providers. The Division plans to also provide training to traditional providers on the use of faith-based providers of recovery supports.

Missouri

Attachment B: Programs for Women

Attachment B: Programs for Pregnant Women and Women with Dependent Children (See 42 U.S.C. 300x-22(c); 45 C.F.R. 96.124(c)(3); and 45 C.F.R. 96.122(f)(1)(viii))
For the fiscal year three years prior (FY 2002) to the fiscal year for which the State is applying for funds:
Refer back to your Substance Abuse Entity Inventory (Form 6). Identify those projects serving pregnant women and women with dependent children and the types of services provided in FY 2002. In a narrative of up to two pages, describe these funded projects.

Treatment for women in the State of Missouri has been enhanced over the past fourteen years, due, in part, to the block grant funds. Missouri's Division of Alcohol and Drug Abuse has moved from providing treatment slots for women in integrated programs to developing programs designed specifically for women and their children. Twelve contracts with multiple treatment site locations have implemented Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs specifically designed for women and their children. Two of the CSTAR programs are a joint endeavor with the Missouri Department of Corrections to provide alcohol and drug treatment to women on probation and parole. The dependent children were provided child care and treatment for physical, emotional and behavioral conditions brought about by their mothers' addiction. In this manner, the mandate of Section 1922(c) in spending FFY 2001 block grant funds for at least a 5% set aside has been exceeded.

Urban hospitals in St. Louis and Kansas City noted the increase in drug-affected children in the late 1980's. By 1988, the number of impaired infants brought about an organized request to the Division of Alcohol and Drug Abuse to begin treating pregnant and postpartum women and their children. Concurrently, the CSTAR program was being mounted to meet the needs of this specific group of women and their children. Women are defined as requiring treatment when their use of alcohol and other drugs has caused dysfunction in any area of their lives. By offering three levels of care, CSTAR is suited to match the level of addiction to a level of care. These levels are:

Community-based Primary Treatment - The most structured and intensive treatment on a daily basis; allows for day treatment, community support, family therapy and residential support.

Intensive Outpatient Rehabilitation - A menu of services designed to meet the need of the women and their children on an outpatient basis; allows for group counseling, group education, individual counseling, family therapy and community support.

Supported Recovery – It is the least intensive level of treatment. It is molded to help women and their children maintain the gains made in the first two levels. It is similar to the aftercare model that has proved successful in supporting continued recovery in the traditional 30-day programs.

Women are offered group education on a wide array of topics such as drug education, communication skills, anger management, trauma, and relapse prevention. Group

counseling is offered to allow clients to explore emotional issues and work towards healthy relationships and lifestyles. Individual counseling allows for further exploration and working towards specified individualized treatment goals.

Child care is provided at all levels of CSTAR programming for women. A Child Therapist is required on each program staff to assess infants/children and either provide the necessary services or make appropriate referrals for infants/children with special needs. Codependency counseling and family therapy are provided for all persons identified with a need for these services.

All women and children who enter treatment are provided health screenings to identify health deficits or needs for medical intervention. Within the CSTAR programs, registered nurses are on duty to assist mothers and their children to achieve healthy lives. The nurses on-site at each facility offer medical services, referral, and education for all children and families. Each child is required to have a current physical exam and immunizations. The Community Support Workers assist the clients in arranging medical appointments and obtaining transportation. Close associations with local health clinics, hospitals and doctors provide prenatal care, immunizations and other preventive techniques to increase the well being of mothers and their children. All CSTAR programs conduct an HIV/STD/TB risk assessment for all clients at admission. Pre and post test counseling for HIV/AIDS, STD and TB are available on site or by referral at all CSTAR women's programs. This innovative healthcare provision was a result of the FFY 1997 mandate to increase and improve services for women.

Dramatic results have occurred due to the provision of treatment services specifically designed for women. In FY2004 over 4390 women and children were treated in the CSTAR women and children programs. In FY2004, 76 out of 78 babies born to women in CSTAR program were born drug free. In addition, 78 children were returned to their mother's custody from the Division of Family Services because their mothers had regained their ability to manage healthy families and live productive lives. The emotional rewards and cost savings from these programs alone support the continuation of treatment for women. The State is moving towards a standardized outcome-based system of monitoring client improvement on numerous domains.

Missouri

Attachment A: Prevention

[No Current Narrative Information]